DOCUMENT RESUME

ED 129 382	JC 760 544
AUTHOR	Cowley, Dan
TITLE	Human Resource Development and Human Services Technology...A Training Program Comes of Age: Final Project Report.
INSTITUTION	Wayne Community Coll., Goldsboro, N.C.
SPONS AGENCY	National Inst. of Mental Health (DHEW), Rockville, Md. Experimental and Special Training Branch.
PUB DATE	30 Jun 76
GRANT	NIMH-T41-12827
NOTE	551p.; Pages 318 thorugh 320, and 332 through 343 of the original document (computer printouts) have been deleted due to poor reproducibility
EDRS PRICE	MF-$1.00 HC-$30.13 Plus Postage.
DESCRIPTORS	Community Colleges; *Curriculum Development; Curriculum Guides; *Human Services; *Junior Colleges; Mental Health; *Paraprofessional Personnel; Program Evaluation; *Psychiatric Aides; Social Services
IDENTIFIERS	North Carolina

ABSTRACT

This report presents comprehensive documentation for the Mental Health Associate Training Project at Wayne Community College. The report is composed of twelve sections describing: (1) the changing nature, philosophy and scope of the human services as a system; (2) the characteristics of the college service area; (3) general information about Wayne Community College; (4) the Mental Health Associate training program and its rationale; (5) development of the Mental Health Associate curriculum and its relationship to the advised curriculum of the North Carolina State Department of Community Colleges; (6) an outline of the curriculum offered in the training program, a bibliography of teaching materials, and course objectives; (7) a detailed description of components of the curriculum; (8) practicum placements, internships, primary and secondary training resources, and training contracts and evaluation forms; (9) staffing problems and activities; (10) recruitment and selection of students, graduation standards, and predictors of job success; (11) the evaluation process and statistical data associated with the community, the college, and the program; and (12) alternative career ladder proposals and the personnel job classifications implemented within the North Carolina human services system. (JDS)

Documents acquired by ERIC include many informal unpublished materials not available from other sources. ERIC makes every effort to obtain the best copy available. Nevertheless, items of marginal reproducibility are often encountered and this affects the quality of the microfiche and hardcopy reproductions ERIC makes available via the ERIC Document Reproduction Service (EDRS). EDRS is not responsible for the quality of the original document. Reproductions supplied by EDRS are the best that can be made from the original.

ED129382

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

HUMAN RESOURCE DEVELOPMENT AND HUMAN SERVICES TECHNOLOGY ... A Training Program Comes of Age: A Final Project Report

Dan Cowley
Project Director

WAYNE COMMUNITY COLLEGE

GOLDSBORO, NORTH CAROLINA

June 30, 1976

Funded under N.I.M.H. Grant #T41-12827
Experimental and Special Training Branch
Division of Manpower and Training Programs
National Institute of Mental Health

JC 760 544

DEDICATION

This book is dedicated to every person who has ever given me an unconditional positive stroke, especially to the two people who gave me so many strokes when I was a child and needed them the most - my Mother and Father.

3

ACKNOWLEDGEMENTS

My experience in training Mental Health Associates has spanned almost a decade. Too many persons have shared the experience with me to name each of them. But I know them, and know that they know I care for them and appreciate their helping me grow. I would like to express my appreciation to those who made this project a real as well as a statistical success, especially for the production of this report: to my secretary, Darlene Harris, for being a wonderful person, friend, and worker--in that order; to Marie Benton and her excellent staff in the Word Processing Center for making a reality of the motto--"first time, final"; to four beautiful Work/Study Students, Aaron Lewis, Bob Snead, Sheila Barboza, and Bonnie Holland--for doing all of the really hard work; to Ralph Simon of N.I.M.H.--for having enough faith in me to keep that green stuff coming, to the staff of the Community College Mental Health Worker Project of the Southern Regional Education Board, Harold McPheeters, Jim King, and Capers Brazzell--for their vision into the future; and to my wife, Mary Anne--for being so many things, doing so many things, and caring so much, but still being herself and doing her thing.

TABLE OF CONTENTS

1. HUMAN SERVICES AND HUMAN RESOURCES:
   An Introduction and Orientation
   A purview of the changing nature of the philosophy, scope, and practices in the human services system; examples of human resources--past, present, and future--as subsystems.

2. SERVICE AREA CHARACTERISTICS
   A brief description of the program place-Goldsboro and Wayne County, North Carolina: history, location and climate, population, industry, retail and wholesale trade, municipal features, communications, recreation, utilities, banking and finance, medical facilities, Seymour Johnson Air Force Base, accommodations, agriculture, transportation, education and religion.

3. GENERAL INFORMATION ABOUT THE COLLEGE
   A general description of Wayne Community College: the campus, history, mission statement, and purpose.

4. GENERAL INFORMATION ABOUT THE PROGRAM
   A general description of the Mental Health Associate training program: historical impetus, need, community support, goals and purposes, background, procedures, and objectives.

5. CURRICULUM DEVELOPMENT AND CURRICULA
   A brief history of the development of the Mental Health Associate curriculum at Wayne Community College and its relationship to the Advised Curriculum of the North Carolina State Department of Community Colleges.

6. CURRICULUM MATERIALS
   A moderate description or outline of the courses offered in the training program, a bibliography of teaching materials used, and course objectives.

7. TRAINING ACTIVITIES
   A detailed description of specific components to the Mental Health curriculum: experiences of a program director, unique features--group processes and group dynamics, a theory of human relations training, and peer group grading and democratic course design.

8. TRAINING FACILITIES
   A brief description of practicum placements, internships, primary and secondary training resources, and training contracts and evaluation forms.

9. TRAINING STAFF
   Staffing problems and activities and biographical sketches.

10. TRAINEES
    A comprehensive description of recruitment and selection of students and graduation standards: entrance requirements, predictors of job success, validity and reliability studies, and a comparison of results from a statewide study.

11. EVALUATION
    A description of the evaluation process and a collection of facts and statistics associated with the community, the college, and the program.

12. POLITICAL PROPOSALS AND PERSONNEL PRODUCTS
    A comprehensive description of career ladder proposals in the political arena made over the years and the resulting implementation of personnel job classifications within the North Carolina human services system--a study of ironies.

PREFACE

In this Final Project Report I have attempted to present a detailed documentary on the Mental Health Associate Training Project at Wayne Community College in Goldsboro, North Carolina from its beginning in 1969 to its present status. Some sections are simply a chaotic conglomeration of facts and figures--cold, sterile, and boring. Other sections are warm, prosaic, and subjectively humoristic. Those statistics presented represent a minority of all those accumulated during the project period. The narrative, especially the humoristic sections, covers only a miniscule sample of the experiences of those of us involved in the program. I hope that through this approach I have presented satisfactory information for several different audiences: N.I.M.H. personnel who need to know what the project did and how it was done; human services and Mental Health Associate educators across the country who are training the "new professionals"; active and prospective employers of human services technicians; graduates of and students in similar training programs; and all the other members of the helping team who can use a helping hand.

"If you are not for yourself,

then who will be?

If you are not for others,

then what are you?

If not now,

then when?

If not you,

then who?"

author unknown

CHAPTER 1

HUMAN SERVICES AND HUMAN RESOURCES:
AN INTRODUCTION AND ORIENTATION

Human services is more an attitude than a tangible thing, at least in its present form. It is much like the scientific method in that the important contribution to science and mankind come from an attitude about looking at the world in a certain way, not from people following each step of the scientific method in a rigid, rigorous manner. Human services is a way of looking at, thinking about, and feeling for those members of our society who have special needs, the meeting of which helps such persons live a more worthwhile, meaningful, rewarding life.

One need only look at the organization of human services agencies and systems of agencies to see that certain groups of people have special needs, and that special methods for meeting those needs have been institutionalized. Examples would be mental health services, social welfare services, correctional services, senior citizens services, vocational rehabilitation services, and children's services. At any point in the history of humanity the list would look different. Such changes simply reflect changes occurring in society, such as moving from the dark ages, to the industrial age, to the age of technology. With a changing social structure, superficial changes in organizations appear. Through it all, the basic needs of man do not change. By the same token, the basic system in which those needs actually get met does not change. This is the attitude of human services.

Today we are experiencing a subtle but powerful change in the basic attitude of persons in the human services system. Recipients of human services are beginning to be seen as total human beings with complex and varied human needs. Helping persons are beginning to pool their resources in an attempt to improve their ability to be responsive to whatever needs people have. The goal is to provide as much service and as many services as are necessary in the most efficient and effective manner. The individual components of the human services system are beginning to compete less and cooperate more. As the attitudes of the helpers and helpees change, attitudes held by the general public about human services begin to improve. These attitudinal changes within the general society begin to be reflected in political arenas and in policy decisions.

As policy decisions begin to favor the human services system, legal and fiscal support for an improved helping system contribute to the changing attitude for maximizing the ability to be accurately and effectively responsive to human needs. Such changes can be seen in a very real way by looking at the reorganization of state and federal governments. The once separate and autonomous components of the human services system are beginning to merge into an integrated network in order to meet human needs more efficiently. Mental health services, social services, children and youth services, correctional services, mental retardation services, services for the elderly, services for the indigent, migrant worker services, services for the deaf and blind, alcoholism and drug services, and a host of others are coming together to function as one unit.

Different systems conceive of different methods in which to make all of the human services a more unified system. One method has been to attempt to bring all the component parts together under one physical roof. An example would be a county which recently renovated an old hospital and brought together in that one building the public health department, the mental health center, the department of social services, and the department of public schools. In another situation a state government reorganized and attempted to bring all state-level workers into one department in one building and then called it the State Department of Human Resources. The most important thing in all of this physical reorganizing going on in human services across the nation is not the precise method used; the important thing is the attitude behind the attempts to pull the parts together. The reason for all of this is the desire to make the human services system more responsive to the total person in need of services. This is the attitude of human services.

The creation of human services as an attitudinal approach to solving human problems and meeting human needs has not stopped with mere reorganization and restructuring of the system. The far-reaching consequences of this change in basic attitudes have impacted on educational and training systems, systems of professional development and affiliation personnel systems and employment practices, and a host of other systems and sub-systems. Before the creation of human services as a system and a way of looking at, thinking about, and feeling for humans with needs there was no such thing as a "human services worker." Now there are over two hundred college programs across the nation designed just to train human services workers. These programs have been in existence only a decade and have already graduated over 11,000 workers. It is conservatively estimated that within the next five years there will be over 300 such college training programs and over 22,000 graduates.

Professionals have generally congressed together as psychologists, social workers, psychiatrists, educators, counselors, nurses, etc. Professional organizations in these areas have grown to international scope, providing all types of opportunities for their members. There is no doubt that such professional groups will continue to provide essential services to these professional specialists. However, the changing attitudes in human services are beginning to be reflected in changing patterns of professional affiliations. More specialists are crossing professional lines to relate with other specialists who serve to meet human services needs. There is now a professional organization for human services which services all members of the human services system. Membership is open to human services workers, professional specialists, human services agencies personnel, human services educators and field supervisors, and others. Current membership includes psychiatrists, psychologists, social workers, nurses, vocational rehabilitation counselors, medical doctors, professors, teachers, technicians, and a variety of other persons who classically did not affiliate in a professional grouping.

Over the years, patterns of staffing, job descriptions, personnel employment practices, and other job-related variables have fluctuated with the economic market and the social values in vogue at that period of time. A look at the hundreds of job titles now available in human services shows titles not even in existence a few years ago: Alcoholism Education Specialists, Ecologists (Human), Mental Health Technicians, Gestalt Therapists, Social Services Eligibility Specialists, Electrophysicologists, Human Services Associates, Health Care Technicians, Therapeutic Correctional Officers, Information and Referral Workers, and hundreds of others. Perhaps the two most direct results of the new human services attitude is the creation of two new disciplines or types of workers; the human services technician and the information and referral worker. These two types of workers are at the forefront of the new human services system, helping to unify the resources and get people in need into the most appropriate part(s) of the system and to have their need(s) met as quickly and completely as possible. Their most important contribution is not how they do their jobs but rather the attitude they have about helping. These new workers are effecting and influencing attitudinal change for all human services professionals. This is the attitude of human services.

During the mid-1960's to the mid-1970's we have witnessed the most profound revolution in human services in the history of mankind. There have been other revolutions, such as the beginning of modern psychiatry, the influence of Freud, the interactive impact of Skinner and the Humanists, and lesser events. However, it seems that now these unique but different pieces of the larger puzzle have finally begun to come together in a meaningful gestalt. In the language of the street, we are beginning to get our stuff together in human services. We are beginning to make a living reality of the old American motto of all for one and one for all. We are learning how to take care of others by learning how to take care of ourselves. This is the attitude of human services; this is the human services method.

CHAPTER 2

SERVICE AREA CHARACTERISTICS

History

Goldsboro, incorporated in 1847, was named for Major Matthew T. Goldsborough, a civil engineer for the Wilmington and Weldon Railroad. Wayne County, formed in 1770 was named for the great Continental Army General, Anthony Wayne. The first County Court House in Goldsboro was built in 1850, the population of the County then being 7,803 white and 5,684 Negroes. In 1865, the last battle of the War Between the States was fought at Bentonville, 18 miles west of Goldsboro.

Location and Climate

Goldsboro is located 50 miles southeast of Raleigh, the state capitol, 89 miles north of Wilmington and is the approximate center of the Coastal Plains section of the state. The climate is mild; the annual mean temperature is 61 degrees in January to 79 degrees in July. Elevation is 104 feet above sea level.

Population

According to the 1970 U.S. Census, the population of the City of Goldsboro is 26,810 and Wayne County's population is 85,408. It is estimated that the Goldsboro area's population is approximately 35,000.

Industry

Manufacturing is becoming diversified in Goldsboro and Wayne County. Furniture, textiles, footwear, foundry products, metal fabricating, electrical components and transformers constitute major industry in the Goldsboro area. The Wayne County Industrial Development Commission assures orderly, continuous and stable development. A full-time staff direct the Commission's operation. (See Appendix A for a listing of industries).

Retail and Wholesale Trade

Goldsboro is Eastern Carolina's Shopping Center. Its modern stores and shopping centers offer quality merchandise. Wide business streets with excellent free parking facilities draw shoppers from miles around. In wholesale trade, Goldsboro is becoming the distribution center for the area. It is the heart of the Coastal Plains section and its excellent rail and highway facilities make for an easy transshipment to other cities and towns.

Municipal Features

Goldsboro is governed by a mayor and five aldermen, elected biennially. The Board selects a city manager to administer its municipal affairs. Wayne County is governed by a five-man Board of Commissioners. The Goldsboro Public Library has over 40,000 volumes. A bookmobile serves the rural areas.

Communications

Goldsboro has one newspaper: The Goldsboro News-Argus is an afternoon daily and Sunday. There are four radio stations: WFMC, WGBR-WEQR (FM), WYNG, and WOKN.

Recreation

The Wayne County Memorial Community Building has an indoor pool and gym. A full-time director carries on a year-round program. Herman Park, 19 acres, located near the center of the city, has 12 tennis courts, play-ground equipment, wading pool, and a minature railroad train. There are other major parks: Berkeley Memorial Park (30 acres); Mina Weil Park (22 acres); and other small park areas located in Goldsboro. There are three lakes for swimming outside the city, theaters and drive-in, 18-hole golf course and country club. Goldsboro also has six lighted regulation softball fields, one junior league lighted baseball field, and outdoor swimming pools. The new City Recreation Center (W.A. Foster Center) has recently been opened. For the spectator there are excellent high school athletic contests. Riding, tennis, hunting, and fishing are popular sports in Goldsboro. The "Cliffs of the Neuse" State Park, 11 miles southeast of Goldsboro, is a very popular recreation spot: picnic areas, outdoor fireplace, a lake for swimming, boating, hiking trails, and a wonderful view from the 98 feet high cliffs. North Carolina beaches are only two hours away.

Utilities

Carolina Power and Light Company serves the area with electric power. The Quaker Neck Steam Plant near Goldsboro generates 520,000 horsepower. Telephone service is provided by Southern Bell. Natural gas is available to industrial and residential customers in this area by N. C. Natural Gas Corporation.

Banking and Finance

Excellent banking facilities are provided by five banks: Branch Banking and Trust Company, First Citizens Bank and Trust Company, First Union National Bank, North Carolina National Bank, and Wachovia Bank and Trust Company. American Saving & Loan Association, First Federal Savings & Loan Association, and N. C. State Employees' Credit Union also serve this area.

Medical Facilities

Wayne County Memorial Hospital, north of Goldsboro, has 350 beds and facilities to care for any type of emergency. Goldsboro is the site of the Eastern North Carolina Orthopedic Clinic at the Wayne County Health Center. The Wayne County Board of Health is responsible for the control of communicable disease; it provides care of pre-school children through immunization and health examinations; it supervises food handling establishments.

The State of North Carolina operates Cherry Hospital for emotionally ill near Goldsboro and cares for approximately 3,000 patients. The O'Berry Center School for retarded children has approximately 600 children and an adequate staff.

Seymour Johnson Air Force Base

One of the most important and most modern bases in the nation's chain of defense is located at Goldsboro. Present base value is now placed at over $500 million. This Tactical Air Command Base's main unit is the 4th Tactical Fighter Wing. Its major tenant unit is the 68th Bombardment Wing (H) (SAC).

Accommodations

The Holiday Inn, Downtowner, Irish Inn, Perk's Econo Travel Motor, Quality Inn, Days Inn, and Wayne Motel are attractive and modern hotels. There are several additional hotels and motor courts.

Agriculture

Goldsboro is the center of one of the great agricultural areas of the United States. Tobacco is the principal cash crop followed by corn, Irish and sweet potatoes, green beans, wheat and soybeans. Livestock, poultry production and dairying are an increasing source of revenue to the farmers. Within the county there is a large tobacco market, two livestock auction markets, two produce markets, five hog buying stations and around twenty corn buying points. The 16 grain producing counties of Eastern North Carolina, of which Wayne is the Center, form the largest grain belt in the U. S. east of the Mississippi.

Transportation

Goldsboro is served by two railroads and eight trucking terminals. Three bus companies operate 48 regularly scheduled bus departures and by Piedmont Airlines with four daily flights and four departures in nereby Kinston. Charter flights may be arranged with the Goldsboro-Wayne Municipal Airport. The city is also the center of important United States and State Highways: U. S. 70, 13 and 117 and State Highways 111 and 581.

Education and Religion

There are more than 70 churches in Goldsboro representing practically every religious denomination. Three churches operate parochial schools, and there are three private schools.

Goldsboro and Wayne County have always been leaders in expanding public education facilities and gave the state its "educational governor", Charles B. Aycock. Mount Olive College, located at Mount Olive, twelve miles south of Goldsboro, is a co-educational liberal arts institution of higher learning.

William Carter College, Inc. is a senior professional college chartered in 1952, accredited by the Southern Accrediting Association of bible colleges and seminaries, offering academic work leading to a Bachelor of Arts with majors in Christian Education, Biblical Education and Pastoral Theology.

CHAPTER 3

GENERAL INFORMATION ABOUT THE COLLEGE

The Campus

Wayne Community College is located on the outskirts of Goldsboro on the U.S. Highway 70 East Bypass, between William Street and Wayne Memorial Drive.

The college occupies a site of approximately 55 acres on which there are seven class buildings. These buildings contain more than 90,000 square feet of classrooms and offices and are equipped with the best teaching facilities available for the programs offered. In addition, space is occupied at Goldsboro-Wayne Municipal Airport for Aviation programs and other rental spaces in Wayne County.

The History

Wayne Community College was established as Goldsboro Industrial Education Center on June 15, 1957. Classes were held in the local high school until completion of the original oncampus building in November, 1960.

Until Fall, 1962, all courses were taught in the evening and all students were part-time. The 1962-63 school year was the first year in which full-time courses were offered and the second school year in which programs leading to diplomas in automotive mechanics, electronics, drafting and practical nursing were taught. The year began with 47 students and eight faculty members.

In 1963, the first addition, containing a science laboratory and a dental clinic, was built, Carteret Technical Institute became our first extension unit, and in January, 1964, Goldsboro I.E.C. became Wayne Technical Institute. Later in the year, James Sprunt Institute, in Kenansville, opened its doors as our second extension center. In 1965, the third extension center, Sampson Technical Institute, was begun in Clinton.

By Fall, 1966, enrollment had increased to approximately 550 full-time students and more than 1500 part-time students and more room was needed. Two small classroom buildings were added to the classroom building constructed the year before and a new wing to the main building was built. This provided for an enlarged library, and two more laboratories, and a large lecture room.

In 1967, the last small classroom building and a large classroom-automotive building was constructed. Enrollment climbed to more than 600 full-time students and nearly 1800 part-time students. In November, a community vote approved the necessary financial support, and Wayne Technical Institute became Wayne Community College.

Since then, enrollment has grown to more than 1800 full-time students and approximately 4,000 part-time students. Continued growth is expected and more classrooms, laboratory, and shop facilities are being planned as well as improvements in related and supporting facilities.

Mission Statement

The purpose of Wayne Community College has been defined by the Board of Trustees, as well as a statement of accountability. These two statements are the guides for our institutional activity as well as the development of this long range plan.

Purpose

The principal objective of Wayne Community College, an institution of the North Carolina Community Colleges System, is to provide maximum educational and training opportunities for all persons desirous of improving themselves. To attain that objective, the college's Board of Trustees and its administrators subscribe to the "open-door" policy which insures that low-cost or tuition-free educational and training programs are available at all levels of learning. In their judgment, the teaching of reading to an adult who cannot read is just as important as preparing a student to enter industry as a tradesman or technician; likewise, equipping the unskilled with a useful skill is as important as developing an untrained mind to a professional level. Therefore, the college does not impose restrictive admission standards which may deny college entrance to students who may have a need for its educational and training programs. Aptitude and placement tests are administered solely to determine a student's potential for success in the program of his choice. When test scores do not indicate a readiness for the desired program of study, the student may be referred to the Directed Studies Laboratory; or he may be counseled to select another program in which he may have a reasonable chance to succeed.

It is the policy of the college to accord equal emphasis to all areas of instruction for which it has responsibility. Specifically, the college strives to offer quality programs in the following areas:

1. An adult basic education program to meet the educational needs of those who are functionally at or below the eight grade level.

2. An adult high school diploma program to meet the educational needs of those adults who did not complete high school.

3. Vocational programs to prepare students, including employed adults who need training or retraining, for employment in business, industry, government, agriculture, or service occupations.

4. Technical programs to prepare students at the technician or semi-professional level for employment in business, industry, government, agriculture and service occupations.

5. College transfer programs consisting of the first two years of regular college studies.

6. Courses of a general or cultural nature to meet the needs and desires of the people of the community.

In summary, the philosophy of Wayne Community College is to fulfill the individual educational and training needs of all its students within the normal legal and financial limitations of the community college system. At the same time, the college's program helps supply the area served by the college with qualified, trained manpower for continued industrial, business, and agricultural growth. The college is dedicated to providing a broad range of educational and training programs that offer students the opportunity to further their education, to improve their individual efficiency, to enrich their cultural lives, and to help make them more effective members of their community.

CHAPTER 4

GENERAL INFORMATION ABOUT THE PROGRAM

Historical Impetus

Where there is a community college within two miles of a state mental hospital, a state mental retardation center, and a state vocational rehabilitation training and evaluation center, it is no wonder that a community college training progam for mental health workers would evolve. Wayne Community College had worked closely with Cherry Hospital and other agencies for over a decade in offering cooperative programs of different types at various levels. These programs had seldom been on a full-time basis and had never been beyond the certificate level. Proximity and need led to the development of the mental health worker training program.

The success of the earliest Mental Health Associate programs established during the the mid-1960's had brought national attention to manpower needs in mental health. When the Superintendent of Cherry Hospital and the Dean of Instruction at Wayne Community College began discussing in the late 1960's manpower and training issues, agreement on the need for a training program was reached easily and quickly. Wayne Community College was "to become the major source of skilled employees for Cherry Hospital."

One of the ways that the College was to provide a source of skilled employees for the hospital was to design a degree program with different exit levels for persons seeking specific jobs. The first quarter of the program was to supplement and complement the hospital's in-service training programs for entry level psychiatric aides. The first year of the program was to provide a core of competency for aide-level positions in specific jobs, such as Mental Health Aide, Rehabilitation Aide, and Socialization Aide. The two-year program was to train workers who could function in a technical capacity assisting professionals as interdisciplinary members of the therapeutic team. The alignment of pay grades with level of training and experience was to add motivational meaningfulness to the program.

Cherry Hospital had identified 800 employees to go through the MHA training program to one of the three points of egress. Wayne Community College sought to provide training opportunities to employees of other mental health agencies. However, "...it was to be understood that the program's design (would enable) graduates to be employed in Mental Health facilities throughout eastern North Carolina, but the proximity of Cherry Hospital (demanded) close cooperation with their facilities. County Mental Health facilities, psychiatric wards, alcoholic rehabilitation centers, and retardation centers (would) be used for training and (were) potential employers."

Need

"While the program (was) designed to provide a general foundation for participation in Mental Health services at any Mental Health facility, it (was) anticipated that increased enrollment (would) allow students to receive more specialized training. The precise focus of the program (was to be) the Mental Health Services at the center's..." in Wayne County and surrounding geographic areas. The need for middle-level Mental Health workers was apparent and Wayne Community College was committed to meeting those needs. Seeking NIMH support was seen as an attempt to initiate the program in a more effective manner. It was anticipated that the program would expand slowly, as graduates proved themselves on the job and were rewarded by employers.

"The Mental Health Associate program (was) vitally needed in this geographic region. . . to furnish qualified employees for the centers, psychiatric wards, and Cherry Hospital." The superintendent of the hospital wrote, "Our need is desperate for trained personnel. There is a large gap between the untrained aide to the nurse and physician. The program would go far in filling this gap." Some of the specific jobs identified in which associates were needed were as follows:

1. Alcoholism counselors
2. Child care specialists
3. Geriatrics specialists
4. Medical-Surgical specialists
5. Psychiatric attendants
6. Industrial therapists
7. Occupational therapists
8. Recreational therapists
9. Psychometrists
10. Medical records specialists
11. Social work assistants

Community Needs

The following statement of the major needs of our service area was compiled utilizing the data collected in a community survey and our collective assessment of these data.

1. A high percentage of service area residents who have little or no formal education.

2. A low per capita income level.

3. Lack of skilled labor force.

4. Skill retraining necessitated by an ever-increasing shift from an agricultural to industrial economy.

5. Skilled technicians in health-related fields in eastern North Carolina.

6. A lack of curriculum offerings in the areas of cultural enrichment and training in the arts.

Projected Continuing Education Programs

1. Increased emphasis on adult basic education and adult high school programs.
2. Increased emphasis on Manpower Development Program training.
3. Continuation of Human Resources Development and Comprehensive Employment Training Act training programs.
4. An increased effort to offer more cultural enrichment programs.
5. To intensify new and Expanding Industry services to local industry.
6. To continue and expand programs for law enforcement, firemen and emergency medical personnel.
7. To continue to expand our services to Wayne County and Seymour Johnson Air Force Base.

Program Emphasis in Curriculum Area

1. Increase the remedial and development program of resources and personnel along with efforts to enhance the process based on improved evaluation techniques.
2. Develop a study skills center with appropriate staff to attack the lack of study skills of our students.
3. Continue to utilize advisory committee effectively to improve occupational programs capabilities.
4. Increase the offerings of curriculum programs in the evenings and on Saturdays.
5. Continue to revise and improve the development of courses to utilize more fully the systems approach to learning.
6. Develop a comprehensive system of data retrieval to continue to improve the decision-making process.

Projected Curriculum Programs

1974-1975

- Agriculture Service and Mechanization
- Alcohol Technician (A.A.)
- Geriatrics Technician (A.A.)

1975-1976

- Developmental Disabilities Technician (A.A.)
- Child Care Worker
- Counseling Technician (A.A.)

1976-1977

- Carpentry
- Associate Degree in Fine Arts
- Radio-Television Engineering Technician (A.A.)
- Childcare Technician (A.A.)

1977-1978
    Printing Technician (A.A.)
    Food Service Worker
    Agri-Business (A.A.)

1978-1979
    Brick Mason
    Civil Engineering Technician (A.A.)

Community Support

One need only glance over the list of agencies, institutions, and programs participating in the training program to understand the strong base of community support available to the Mental Health Associate program at Wayne Community College. An exhaustive list of the individuals who have contributed to the success of the program and the acceptance of graduates would be too lengthy to add at this point. Combined with the job placement success of workers in the community, it would appear that the program was overwhelmingly accepted. This does not mean that there was a total absence of resistance.

Someone once said that the total absence of paranoia is naivete'. A number of professionals were not naive about this "new breed of cat" called a Mental Health Associate. An even stronger source of resistance, and one with power in numbers behind it, has been "non" professionals who have elected not to obtain formal training. This group represents the vast majority of mental health workers, and their resistance to Mental Health Associates has consistently effected the training program and its graduates in a negative way.

The sharpest thorn in the side of the program has been a few individuals who hold positions of high power, prestige, and influence in their agencies. These are basically conservative types who are anti-progress and anti-intellectual, who themselves belong to an intellectually elitist group. To discuss those agencies involved would be to endanger the anonymity of such bureaucrats. The only feasible intervention seems to be one from the top down, which no one on the top has been willing to do. These persons are not and cannot stop progress, but they can certainly slow it down considerably.

An analysis of the placement of graduates documents where greater or lesser degrees of acceptance can be found in the Wayne Community for Mental Health Associates. The employment patterns do not appear to reflect the obvious mandate for more Mental Health Associates when looking at the various manpower assessment reports done by Regional Personnel Officers. A number of state-level committees are currently working to resolve this discrepancy between factual needs for more workers and attitudes about the training program and its graduates.

In summary, the program originally stimulated responses of horror or joy, with professionals appearing to be split evenly on each end of the extremist continuum. As graduates have become successful in gaining respect in the field, resistance has decreased dramatically. The group of resistors has shrunk in size but grown in power, or at least that amount of energy expended against MHA's. Probably the only cure for this problem is time--which is probably as sad as it is true. The sadness is that students, clients, and patients continue to suffer from professional discrimination. Mental Health Associates have proved that they can do the job if given a chance. There are not enough others out there who have the time or capabilities to meet all of the needs of all of the clients. However, the data suggest that the prognosis is excellent for the future of Mental Health Associates in Goldsboro, Wayne County, Eastern North Carolina, North Carolina, and the rest of America.

Goals and Purposes

The original goal of the Mental Health Associate program at Wayne Community College was "to develop a pool of paraprofessional mental health workers capable of functioning effectively in a variety of settings." It was proposed that "course work provide a foundation of knowledge from English, sociology, psychology and mental health." Laboratory and field placement experiences were to "provide opportunities to develop human relations skills, to gain an overview of mental health services provided by various types of facilities, and to develop understanding of the role of the mental health associate within the framework of a team approach to community mental health." It was proposed that students should be able to enter and exit the program at different levels, beginning with a one quarter certificate, then a one year diploma, and ending with a two year degree. General learning was to occur in classroom settings, with specialized skills and knowledge being learned during placement in mental health agencies. Agency personnel were to serve as adjunct instructors, especially in supervising practicum experiences.

Background

The Mental Health Associate program at Wayne Community College began in 1969 at the request of the superintendent of the State Mental Hospital located in the same city as the college--Goldsboro, North Carolina. The Dean of Instruction arranged to have classes held on the Hospital grounds and the superintendent arranged for instruction to be given by in-service training staff from the Hospital and by personnel from the State Department of Mental Health.

As the training program developed, the college assumed more responsibility for providing academic instruction, and employees of other local agencies and full-time students were admitted to the program. The program gained popularity and the hospital and college staff jointly decided to seek outside funding to enable the college to operate the program on a full-time basis.

Upon receiving a grant from the Experimental and Special Training Branch of the National Institute of Mental Health in 1971, the college employed a Director and a half-time instructor. During the first year of the program operating on a full-time basis, enrollment grew rapidly and it became necessary to move the office operation and classroom sessions onto the college campus. With this increased enrollment it also became necessary to use agencies other than the State Mental Hospital for field placements, practical experiences, lab work and internships.

The Mental Health Associate program stabilized during the next few years with the major emphasis moving to placement of graduates, improving the quality of instruction and educating community professionals on the subject of "Paraprofessional" Mental Health Workers. Since it was begun in September 1969, the program has awarded Associate of Applied Science Degrees in Mental Health Technology to 65 persons. Five graduates are pursuing degrees at senior institutions and the remaining 60 graduates are employed in Mental Health related positions.

Procedural Overview: A Chronologue

Initial registration for the fall quarter of 1971 was 10 full-time students and 33 part-time students. The part-time students were generally employed full-time in area mental health and mental retardation facilities. One of the full-time students withdrew from the program and enrolled in the College Transfer program. Five part-time students dropped the course(s) in which they were enrolled, either due to lack of time or other personal problems.

During the first quarter of the full-time operation of the program, English, pyschology, and sociology courses were taught by instructors from the liberal arts and social studies departments of the college. The mental health courses were taught by adjunct faculty members from the staff of Cherry Hospital. The classes enrolled 20 or less students in each class and, consequently, discussion and individual attention were available. Grades were good and even more progress was expected for the second quarter.

From the initial quarter, any evaluation would have been premature. It was evident that the program would have to gain more public acceptance across the state before employment opportunities would increase significantly. It was anticipated that the program at Wayne could be a leader since there were three state level agencies located locally which served the 32 eastern counties of North Carolina. These facilities included a mental hospital, a mental retardation center, and a vocational rehabilitation evaluation and training facility. Similarly, a regional alcoholic rehabilitation center was located in Greenville, 40 miles away.

With the employment of a full-time director prior to the third quarter of the program, the focus of the program began to shift to reflect this new perspective. Having been involved for three years with the community college Mental Health Worker Project of the Southern Regional Education Board, the new director changed the emphasis of the program from a hospital based medical model to a "generalist" helper concept. This conceptual position is stated succinctly in a SREB Publication, Roles and Functions for Mental Health Workers (McPheeters, 1969).

During the spring quarter of 1972, for the first time the program offered all courses listed for the curriculum in both the first and second years. Courses generally taught during other quarters were also offered, and night courses were taught for the first time.

Increase in course offerings was reflected in increased enrollment figures. The enrollment in the program had increased from 42 in the fall quarter of 1971 to 96 in the fall quarter of 1972. Enrollment during the winter quarter of 1972-1973 was expected to go beyond the 100 mark. The number of students taking full loads had increased from 10 during the fall quarter of 1971 to 60 during the fall quarter 1972. The number of "contact hours" generated by the total curriculum had increased by approximately 300 percent during this period. Almost half of those students preregistered in the program for winter quarter, 1972-1973 were employees of the North Carolina State Department of Mental Health. Almost half of these employed students were taking a full load of courses. The remainder of the students were generally recent high school graduates who were not employed and who are taking full loads. The program was serving a diverse group of students, ranging in age from 18 to 58 and ranging in measured intelligence (Otis IQ) from 57 to 147. Approximately 60 percent of the students were black, married, female, employed, and under 25 years of age. During the second year of the program there had been a trend in enrollment towards fewer married students, fewer employed students, fewer blacks, fewer females, and fewer older persons. This trend was not a result of any planned staff recruiting activity but was apparently the result of a "word-of-mouth" advertising campaign by active students.

The program staff was actively involved in programs of the Community College Mental Health Workers Project of the Southern Regional Education Board and of the National Organization of Human Services (NOHS) and the North Carolina Organization of Human Services (NCOHS). Students in the program had formed a Wayne Organization of Human Services (WOHS) and were working to become affiliated with NOHS and NCOHS. The program also sponsored a state-wide conference at Cherry Hospital for mental health associate educators, students, graduates, state department of mental health officials, and members of the state legislature. Many issues critical to the program were dealt with during these activities.

A Bill was placed before the 1973-1975 North Carolina General Assembly which, if it had been passed into law, would have greatly strengthened the future of the training programs at Wayne Community College and across the state. The Bill proposed a 7-step career ladder for direct patient care workers, and mental health associates held a very viable step in that career ladder for mental health workers (several such proposals can be found in the Appendix). If the proposal had passed, over 2,000 jobs in mental health would have become available immediately in North Carolina for middle level workers. Many of those positions could have been filled by Mental Health Associates. The program staff felt a need to expand its services to meet the challenge of such an exciting and needed system.

During the first year of operation, the program had appointed a 24 member advisory committee which was to meet quarterly. Committee members were selected from various levels of mental health and mental health-related agencies within the geographical area of the college. One of the first major pieces of work done by the advisory committee was to approve a revised curriculum for Mental Health Associates to go into effect in September of 1973. However, the new curriculum still fell within the general curriculum guidelines which had been established by the North Carolina Department of Community Colleges.

The 1973 calendar year proved to be the most difficult and trying time the program has experienced to date. The program had been physically housed at Cherry Hospital for several years--since its inception. The hospital had provided office space, classroom space, physical support systems such as telephones and electricity, and many hours of staff time for on-the-job supervision of students during practicum work. The hospital underwent major reorganization, and the new leadership requested that the program--its staff and operations--be moved from the hospital campus. The reason for the request was that the program had expanded beyond the physical capabilities of the hospital, and the proportion of hospital employees enrolled in the program had decreased relative to the total enrollment.

The physical operation of the program was moved on to the Wayne Community College campus at the beginning of the fall quarter, 1973. The number of placement agencies was greatly expanded, and a stronger emphasis was placed on training a generic Mental Health/Human Services generalist worker. Custodial care for large residental institutions was deemphasized and community based systems of service delivery were accented.

During this period of time, the curriculum and enrollment appeared to stabilize, based upon the revised curriculum approved by the advisory committee the previous year. Enrollment had grown rapidly to 108 students during the fall quarter of 1973 and, as a result, the advisory committee set limits on enrollment: (1) a maximum of 50 first-year students, (2) a maximum of 50 second-year students, and (3) a maximum of 25 students per class.

The demographic composition of the student group had not changed significantly over the years, stabilizing at 60 percent blacks, 60 percent females, 35 percent mental health employees, and 50 percent financial aid recipients (based on 108 students). The program, as evidenced in these statistics, continued to make a reality of the philosophy of "open door" and "equal opportunity." Applicants falling below cut-off limits on entrance exam scores were counseled into remedial programs until they could perform at an acceptable level.

The program staff undertook a survey of community professionals to determine if program changes should be made, e.g., shutting down, slowing down, continuing at the current pace, or increasing training efforts. Curriculum courses were rated as to their relevancy and questions were asked about offering new programs. Approximately 500 forms were distributed to about 24 Mental Health/Human Services agencies and about 140 responses were received by the deadline. The results of this survey served as the basis for determining program changes. Survey data can be found in the appendix.

The final major occurence in the program during the 1973 calendar year was the employment of an additional full-time mental health instructor with funds allocated by the state. The new full-time instructor enabled the program to continue a quality level of training through small classes and close contact.

The Mental Health Associate program at Wayne Community College, after several unsettled years of getting off the ground, seemed to have stabilized during the 1973-1974 Fiscal Year. A durable curriculum had emerged and a staff philosophy had developed. A stable student enrollment had been achieved with a diverse but balanced demographic group. Most of the 1973 graduates had obtained good paying jobs in Mental Health, and the professional community had become committed to making the program a success. The result was an excellent year for the program--solidarity without rigidity had been achieved. It was a good year for student learning, and the 1974 graduates, for the most part, were placed in more than adequate and appropriate jobs with an excellent average beginning salary.

A great deal of affirmative action was taken during 1973 and 1974 with respect to the Mental Health Associates in North Carolina from the Secretary of Human Resources and the Commissioner of Mental Health to the news media and local mental health facilities directors. The mental health system seemed to be saying that Mental Health Associates were alive and doing well, and the people making up that system were determined to help them do even better. Perhaps the greatest change was an attitudinal one by professional mental health workers toward the ability of Mental Health Associates to help meet client needs.

Educational Objectives*

Students completing the four course English sequence will demonstrate effective written and oral communication skills in one-to-one conversations, public speaking, written message, and group activities. Designed to sequentially progress from basic grammar through sentence structure and paragraph writing to technical report writing, these courses enable the student to demonstrate better command of the written and spoken word in these classes as well as perform these acts in the related disciplines and mental health field experiences. The public speaking course is designed to develop poise, command of the language on-one's-feet, and to prepare the student to conduct group activities of all types.

Students completing the sociology courses will demonstrate greater understanding of collective behavior, social institutions, and social problems by the sensitivity with which they deal with others. The three required sociology courses and two electives will increase a student's awareness of the influence of social setting, social institutions, and especially family situations upon the behavior of people. The interrelationships of sociology, psychology, and mental health theory become more understandable as such principles applied to social problems enables a student to have an information base from which to operate. The additional knowledge of marriage and family, institutions, and Urban and Rural Society makes a comprehensive understanding of the facets of sociology most probable.

Students completing the required psychology courses will be aware of growth and development patterns, abnormal behavioral causes, and probable or possible causes of psychological changes. This awareness will be demonstrated by increased participation in team activities, in understanding others, and in helping design potential therapies. The required courses include five basic areas following the general psychology course. These are Human Growth and Development, Behavior Disorders Theory, Modification of Behavior Disorders, Introduction to Psychological Testing, and Psychology of Aging. The required courses are complemented by specialty courses in Learning theory, Abnormal Psychology, the Addictive Personality, and the Exceptional Child. These offerings will enable a student to obtain a general background and still be able to select more specialized courses in line with interests and practicum experiences. The correlation of psychology, sociology, and mental health experiences will enable the student to function effectively at the associate level. Familiarity with psychological test meaning, behavior disorders, and their modification will enable the student to carry out a variety of activities at several mental health facilities in the area.

Students completing the mental health sequence will be effective team members. Effectiveness will be indicated by the ability to perform in several settings in treatment and social service activities within mental health services. The mental health courses include Orientation to Mental Health, Introduction to Mental Health, Group Processes I & II, Social Agency Interviewing, Introduction to Occupational Therapy, Group Dynamics I & II, and culminating in a final Mental Health Seminar. Each of the courses includes laboratory experiences or has a practicum of six hours as a concurrent experience. In Mental Health Orientation the student will develop skills in basic nursing procedures, safety precautions, observing and recording information, and interaction with patients. It is a survey of fundamental student skills as well as first aid skills. In Introduction to Mental Health the student will develop an appreciation and an understanding of the history and present trends of psychiatry with emphasis being placed on the current comprehensive community approach. An understanding of current treatment methods and community resources available is increased by the historical survey of mental health and North Carolina's present mental health program. From this course the student knows that patient care is not static; but a changing series of conditions in keeping with the "zeitgeist." In Group Processes I & II the student develops the basic skills necessary to comprehend the essentials of group processes and participate as a co-therapist, in training, in ward group therapy activities under the supervision of a qualified therapist. Different types of communications are developed and problems of communication in interpersonal relations explored. The skills developed in English should improve the performance of a student in these courses. Both courses have practicum exercises consisting of six hours per week of group therapy, patient planning, and recording observations. The evaluation of the two courses and practicum experiences will be the planning of a program of care for individual patients. Patients will include alcoholics, drug addicts, and patients with childhood personality disorders. In Social Agency Interviewing students will develop an understanding of the purpose, structure, focus, and techniques employed in effectively interviewing patients and families. Lab sessions will provide experiences in observation, practice, recording, and summarizing personal histories. The integration of English skills with interviewing skills, home visits, and maintenance of records causes both activities to be more successful and meaningful. In the Summer Field Internship in Community Mental Health the student develops an awareness of the philosophy, procedures, and day-to-day operations of a mental health agency through experiences in observation, participation in staff meetings, interview, patient care, and agency planning. The student will develop skills enabling him to actively participate as a team member in the agency. Interviewing prospective patients, recommending treatment procedures, counseling with families and patient, conducting groups with out-patients are several functions to be performed as a student while working in the Mental Health Agency. Group Dynamics I & II, incuding practicum experiences, will enable the student to further awareness of group interaction by acquiring skills for helping the group on task and maintenance problems, understanding dynamic complexities in group behavior and greater awareness of change. The student will demonstrate acquired diagnostic skills in group problems by forming a group and working as leader under supervision. Supervision of the group, planning for patients, and directing other paraprofessionals in specific treatments will evidence accomplishment in these courses. In Introduction to Occupational and Recreational Therapy the student will acquire an understanding of the types of activities utilized as therapeutic techniques with emphasis on their purposes. Skills will be gained by the associate in providing proper activities, creating and holding interest, and getting participation on the part of patients. Skills will be demonstrated by planning and implementing occupational and recreational activities for patients. The student will utilize skills to motivate patients to engage in sports, group games, and individual hobby activities as well as teach the patient to creatively use his hands in making items from beads, straw, etc.. The Mental Health Seminar represents a summary course in which the student will demonstrate acquired skills and share the experiences of prerequisite courses in a conference setting. Through group discussion the student will review in depth the theories of mental health and investigate current issues and trends within the field through readings and other resources. The accompanying practicum enables the student to operationalize experiences in an area or facility in which more experience is desired.

---

*This section taken wholly from the original N.I.M.H. grant proposal.

CHAPTER 5

Curriculum

The curriculum proposed for the Mental Health Associate program at Wayne Community College was one approved by the North Carolina State Departments of Community Colleges and Mental Health in April, 1970. This curriculum, which appears on the following pages in outline form, was flexible enough to be altered at different schools according to local needs. This program of studies was approved for Wayne Community College by the North Carolina State Board of Education February 4, 1971.

Curriculum Development and Curricula

The nature of the curriculum in Mental Health at Wayne Community College has been one of constant change, either in terms of face validity, content validity, or both. During the past five years there have been at least five curricula which "look" different from the others. There have been at least five other occasions when a curriculum in current vogue "looked" like one of the others but was, in essence, different from the others. In some cases, differences were negligible; in other cases, differences were of great magnitude. In most instances, the changing nature of the curriculum was a direct function of the perception of the changing nature of the world in general and the mental health services delivery system in particular. Some of the observable curriculum changes are shown on the following pages.

There is a pattern to curriculum changes and, more or less, logical reasoning underlying the pattern. The program director developed his first Mental Health Associate curriculum seven years ago as a freshly minted product of the graduate school of psychology at the University of Georgia. There was almost a total absence of "paid" involvement in the "professional" activities of the Mental Health "system." There was a heavy reliance upon the knowledge area generally covered in a psychology curriculum. However, as the director has become more involved in the "world of work," the curriculum has reflected more of a pragmatic approach to mental health.

The Mental Health Associate program at Wayne Community College was abandoned after the last group of graduates, sponsored by the NIMH grant, completed the program in May, 1975. A new program had been implemented in September, 1974, so there would still be a second-year group of students left when the others graduated. In June, 1975, four new programs were initiated: (1) Human Services Associate (2) Mental Health Technician, (3) Alcoholism Technician, and (4) Geriatrics Tech--nician. Students who completed the new one-year program in Human Services Work in May, 1975, then selected a specialty in which to major in the second year. The New Human Services Worker diploma program serves as the "core" for all second year Associate of Applied Science Degree programs. These curricula appear in outline form on the following pages, along with a detailed description of most courses in these programs.

One of the most helpful documents for curriculum development in Mental Health was a result of the SREB Mental Health Worker Project-Plans for Teaching Mental Health Workers (McPheeters and King, 1971). This project also produced another document which is helpful in course preparation--Teaching Materials Currently Used in Mental Health Worker Training Programs (McPheeters and Brazzell, 1974.) The most unique characteristic of the work done by McPheeters et. al. at SREB is that they have had the benefit of the thinking of almost every Mental Health Associate program director in the country. This has been accomplished through innumerable regional and national conferences and workshops. Participation in these SREB affairs has been the singularly most influential variable for this program director in almost every phase of Mental Health Associate education.

The present program, in turn, has influenced the field because of emphasis in curriculum development on three aspects of the educational process: (1) heavy reliance upon groups and group work (2) development of a model for democratic course design and peer group grading and (3) emphasis upon lab work, practicum placements, field experiences, internships, and other forms of process-based or experiental learning. Some explorations of these approaches have been made by King in Plans for Teaching Mental Health Workers. More complete descriptions of these activities can be found in other sections of this report and in the appendix.

MENTAL HEALTH ASSOCIATE CURRICULUM

		Course Title	Hours Per Week Class	Hours Per Week Lab	Quarter Hours Credit
FIRST QUARTER					
ENG	101	Grammar	3	0	3
PSY	102	General Psychology	5	0	5
SOC	102	Principles of Sociology	5	0	5
MHA	100	Mental Health Orientation	3	3	4
			16	3	17
SECOND QUARTER					
ENG	102	Composition	3	0	3
PSY	120	Human Growth and Development	5	0	5
MHA	111	Introduction to Mental Health	3	3	4
MHA	112	Group Processes I	1	3	2
MHA	112P	Practicum I	0	6	2
			12	12	16
THIRD QUARTER					
ENG	103	Report Writing	3	0	3
PSY	211	Behavior Disorder I: Theory	3	0	3
SOC	103	Social Problems	5	0	5
MHA	114	Social Agency Interviewing	3	6	5
MHA	113	Group Processes II	1	3	2
MHA	113P	Practicum II	0	6	2
			15	15	20
SUMMER QUARTER					
MHA	115	Field Internship in Community Mental Health	6	34	9
FOURTH QUARTER					
ENG	204	Oral Communication	3	0	3
PSY	212	Behavior Disorder II: Modification	3	0	3
SOC	212	Marriage and the Family	3	0	3
MHA	220	Introduction to Occupational and Recreational Therapy	3	0	3
MHA	210	Group Dynamics I	1	3	2
MHA	210P	Practicum III	0	6	2
			13	9	16
FIFTH QUARTER					
PSY	225	Introduction to Psychological Testing	2	3	3
PSY	219	Introduction to Personality	5	0	5
MHA	211	Group Dynamics II	1	3	2
MHA	211P	Practicum IV	0	6	2
		Elective	5	0	5
			13	12	17

		Course Title	Hours Per Week Class	Hours Per Week Lab	Quarter Hours Credit
SIXTH QUARTER					
PSY	230	The Psychology and Physiology of Aging	3	0	3
MHA	215	Mental Health Seminar	3	0	3
MHA	215P	Practicum V	0	6	2
		Elective	5	0	5
			11	6	13

TOTAL QUARTER HOURS IN COURSES	98
ELECTIVES	10
Total	108

MENTAL HEALTH ASSOCIATE

COURSE DESCRIPTIONS BY QUARTERS

Course Title	Hours Per Week Class	Hours Per Week Lab	Quarter Hours Credit

FIRST QUARTER

ENG 101 Grammar 3 0 3
Designed to aid the student in the improvement of self-expression in grammar. The approach is functional, with emphasis on grammar, diction, sentence structure, punctuation, and spelling. Intended to stimulate students in applying the basic principles of English grammar in their day-to-day situations in industry and social life.
Prerequisite: None.

PSY 102 General Psychology 5 0 5
A study of the various fields of psychology; the developmental process; emotion, frustration and adjustment; mental health; attention and perception; problems of group living. Attention is given to the application of these topics to problems of study, self-understanding and adjustment to the demands of society.
Prerequisite: None.

SOC 102 Principles of Sociology 5 0 5
An introductory course to the principles of sociology. An attempt to provide an understanding of culture, collective behavior, community life, social institutions and social change. Presents the scientific study of man's behavior in relation to other men, the general laws affecting the organization of such relationships and the effects of social life on human personality and behavior.
Prerequisites: None.

MHA 100 Mental Health Orientation 3 3 4
Orientation to the policies, procedures and practices commonly accepted in mental health institutions: an introduction to the basic patient care principles and techniques underlying good patient care in meeting the needs of patients during observation, ambulation and mildly mentally ill stages. Actual patient care experiences with selected patients in a clinical agency to enable the student to learn to meet the needs of the patient while performing patient care. Where possible, practice is correlated with theory presented in patient care. Included will be clinical, lab or ward experiences under the direction of a qualified faculty member.
Prerequisites: None.

SECOND QUARTER

ENG 102 Composition 3 0 3
Designed to aid the student in the improvement of self-expression in business and technical composition. Emphasis is on the sentence, paragraph and whole composition.
Prerequisites: ENG 101

PSY 120 Human Growth and Development 5 0 5
A study of the basic principles of physiological and psychological growth stages of child from conception through adolescence and senescence. Emphasis is on the cause and effect of growth along with life cycle, drawing upon psychology, physiology, gerontology and sociology.
Prerequisites: PSY 102.

MHA 111 Introduction to Mental Health 3 3 4
An orientation to the history, current concepts and trends in mental health; definition and role of the mental health associate; studies of mental health practices from ancient to modern times. Emphasis is given to the current comprehensive community approach, to broad aspects and the various disciplines in mental health, as applied to real-life occupational situations.
Prerequisite: MHA 100.

MHA 112 Group Processes I 1 3 2
An introduction to interpersonal concepts and problems of communications in interpersonal transactions. Exploration of one's attitudes, feelings and past experiences as related to the interactions of the individual in society.
Prerequisite: MHA 100.

MHA 112P Practicum I 0 6 2
The student will spend six hours per week in clinical laboratory experiences under the supervision of a qualified instructor. Emphasis will be on the application of concepts and principles from related course content.
Prerequisite or Corequisite: MHA 112.

THIRD QUARTER

ENG 103 Report Writing 3 0 3
The fundamentals of English are utilized as a background for the organization and techniques of modern report writing. Exercises in developing typical reports, using writing techniques and graphic devices are completed by the students. Practical application in the preparation of a full-length report is required of each student at the end of the term. This report must have to do with something in his chosen curriculum.
Prerequisite: ENG 102.

PSY 211 Behavior Disorders I: Theory 3 0 3
A study of general patterns of abnormal behavior with emphasis on biological and environmental causal factors and human coping mechanisms.
Prerequisite: PSY 102.

SOC 103 Social Problems 5 0 5
A study of the nature and extent of major social problems of contemporary society, with emphasis given to such problems as family disorganization, crime and delinquency, minority groups, industrialization and urbanization.
Prerequisite: SOC 102.

MHA 114 Social Agency Interviewing 3 6 5
Study of purpose, structures, focus and techniques employed in effective interviewing. Laboratory experiences provide opportunities for observation, practice, recording and summarizing personal histories under faculty supervision at an appropriate social agency.
Prerequisite: MHA 111.

MHA 113 Group Processes II 1 3 2
A continued study of interpersonal relationships in small group interactions. Self-awareness and awareness of others by being involved in a sensitivity group (T-Group).
Prerequisite: MHA 112.

MHA 113P Practicum II 0 6 2
The student will spend six hours per week in a clinical laboratory for specific social problems such as alcoholism, drug addiction and childhood personality disorders under the supervision of a qualified faculty member. Emphasis will be on the application of theoretical concepts and principles from related course content and development of patient care plans.
Prerequisite: SOC 103.
Corequisite: PSY 211; MHA 113.

SUMMER QUARTER

MHA 115 Field Internship in Community Mental Health 6 34 9
A one quarter intern assignment in a mental health agency or agencies to acquaint the student with the philosophy, procedures, and day-to-day operations of such agencies. The student observes and participates in staff meetings, interviews, patient care and agency planning. Under the supervision of a qualified faculty member and a staff member of the participating agency. The student submits a written report at the end of the internship period.
Prerequisite: Permission of the instructors.

FOURTH QUARTER

ENG 204 Oral Communication 3 0 3
A study of basic concepts and principles of oral communications to enable the student to communicate with others. Emphasis is placed on the speaker's attitude, improving diction, voice, and the application of particular techniques of theory to correct speaking habits and to produce effective oral presentation. Particular attention given to conducting meetings, conferences, and interviews.
Prerequisite: ENG 101.

PSY 212 Behavior Disorders II: Modification 3 0 3
A study of selected patterns of deviant behavior with emphasis on the understanding, treatment, and prevention of these personality disorders. Attempts are made to relate personality disorders to role definition and interaction of team members in providing comprehensive mental health services.
Prerequisite: PSY 211.

SOC 212 Marriage and the Family 3 0 3
The study of the origin and development of the family as a social institution with emphasis on courtship, marriage, parenthood, family relationships and problems of the contemporary American family.
Prerequisite: SOC 102.

MHA 220 Introduction to Occupational and Recreational Therapy 3 0 3
Overview of the types of activities utilized as therapeutic techniques, with particular emphasis on the purpose of each, ways of creating and holding interests in the activity and the role of the associate in assisting patients to participate.
Prerequisite: MHA 111.

MHA 210 Group Dynamics I 1 3 2
A continuation of MHA 113.
Prerequisite: MHA 113.

MHA 210P Practicum III 0 6 2
A study of the application of occupational and recreational techniques and skills. Each student will spend six hours per week learning new skills, teaching activities to patients and developing programs of activities in a therapeutic setting under the supervision of a qualified faculty member.
Prerequisite or Corequisite: MHA 210.

FIFTH QUARTER

PSY 225 Introduction to Psychological Testing 2 3 3
Introduction to psychological tests; nature and application of standardized tests; illustrations of widely used tests; methods of administering, scoring and interpreting test results.
Prerequisite: PSY 102.

PSY 219 Introduction to Personality 5 0 5
The development of personality and application to concepts on a more or less self-determining system of beliefs, values and behavior tendencies.
Prerequisite: PSY 102.

MHA 211 Group Dynamics II 1 3 2
The final formal group experiences of the student. Attention is given to the development of the student's ability to communicate with others as well as facilitate communications between others.
Prerequisite: MHA 210.

MHA 211P Practicum IV 0 6 2
The student will be assigned for six hours per week in a faculty-supervised clinical laboratory for admissions, diagnosis and preliminary treatment procedures.
Prerequisite or Corequisite: MHA 211.

Elective 5 0 5

SIXTH QUARTER

PSY 230 The Psychology and Physiology of Aging 3 0 3
A survey course concerning the physical and psychological changes occurring in late middle age and old age with emphasis on the care and treatment of the aged in our society.
Prerequisite: PSY 102.

MHA 215 Mental Health Seminar 3 0 3
A review in depth of current issues and trends within the field of mental health. The student is expected to demonstrate in a mature fashion the knowledge and experience in his previous study and training in group conferences and oral reports.
Prerequisite: MHA 211; Permission of instructors.

MHA 215P Practicum V 0 6 2
The student will spend six hours per week working under the supervision of a qualified faculty member in areas and facilities in which he has had no previous experience or in a facility in which he desires further occupational education and experience.
Prerequisite: MHA 215.

Elective 5 0 5

ELECTIVES

An appropriate list is shown of electives for this curriculum from which the institution may select courses to complete the program of study. The institution has the prerogative to develop new course for the electives, or to modify courses from the suggested list to fulfill the local objectives. It is suggested, however, that technical courses be appropriate to the major area of study; that they not change or alter the major objectives of the program nor create a false impression of proficiency in an area either related or foreign to the major.

Elective courses must be selected from an associate degree course, or new courses should be developed at a comparable level. The institution may elect to require certain courses or may let the student select an appropriate course.

ECO 102 Economics 3 0 3

The fundamental principles of economics including the institutions and practices by which people gain a livelihood. Included is a study of the laws of supply and demand and the principles bearing upon production, exchange, distribution, and consumption both in relation to the individual enterprise and to society at large.
Prerequisite: None.

SOC 205 American Institutions 3 0 3

A study of the effect of American social, economic, and political institutions upon the individual as a citizen and as a worker. The course dwells upon current local, national, and global problems viewed in the light of our political and economic heritage.
Prerequisite: None.

POL 201 United States Government 3 0 3

A study of government with emphasis on basic concepts, structure, powers, procedures and problems.
Prerequisite: None.

SOC 213 Urban and Rural Society 5 0 5

A study of selected aspects of urban and rural sociology with emphasis on current social changes and the relationship between the problems of living and mental health. Areas include housing, cultures, social classes, group relationships, population, job opportunities, and problems encountered.
Prerequisite: SOC 102.

PSY 220 Psychology of Learning 5 0 5

A study of simple learning situations. Most behavior as shown to be complicated compounds whose simpler components abide by a few basic rules. From understanding the learning process comes the methodology for its control.
Prerequisite: PSY 102.

PSY 229 Abnormal Psychology 5 0 5

A study of the symptoms, contributing factors, treatment and outcomes of the mentally ill and mentally defective as well as maladjusted, antisocial persons. Classifications and nomenclature of psychoneurosis, psychoses and other illnesses are discussed.
Prerequisite: PSY 102.

PSY 223 The Addictive Personality 5 0 5
A survey of environmental and physical factors that differentiate the addict. Stress is given to the theories of cause and treatment.
Prerequisite: PSY 102.

PSY 222 The Exceptional Child 5 0 5
A survey course with special emphasis on the mentally retarded and emotionally disturbed child. Social, educational and psychological needs of the exceptional child are studied.
Prerequisite: PSY 120.

BIO 114 Human Anatomy and Physiology 4 2 5
A study of the structure and normal functions of the human body and its related systems with emphais upon the inter-related functions of various parts and systematic processes in the development of basic physiological principles.
Prerequisite: None.

MHA 103 Mental Retardation 3 0 3
An introduction to mental retardation including the history, trends, causal factors, classification systems, programs, and services. Emphasis is on a general investigation of the problem areas in mental retardation.
Prerequisite: None.

STATE CURRICULUM

FRESHMEN

Course Number		Course Title	Class Hours	Lab Hours	Qtr. Hrs. Credit
FIRST QUARTER					
ENG	101	College Composition I	3	0	3
PSY	201	Introduction to Psychology	5	0	5
MHA	101	Introduction to Mental Health	4	2	5
MHA	101P	Practicum I	0	6	2
			12	8	15
SECOND QUARTER					
ENG	102	College Composition II	3	0	3
SOC	201	Introduction to Sociology	5	0	5
PSY	204	Human Growth and Development	5	0	5
MHA	102	Group Processes I	1	3	2
MHA	102P	Practicum II	0	6	2
			14	9	17
THIRD QUARTER					
ENG	103	College Composition III (Report Writing)	3	0	3
SOC	210	Social Problems	5	0	5
BIO	140M	Anatomy and Physiology I	3	3	5
MHA	103	Group Processes II	1	3	2
MHA	103P	Practicum III	0	6	2
			12	12	17
INTERN QUARTER					
MHA	104	Field Internship in Community Mental Health	6	34	8-12

STATE CURRICULUM

SOPHOMORE

Course	Number	Course Title	Class Hours	Lab Hours	Qtr. Hrs. Credit
FOURTH QUARTER					
PSY	211	Behavior Disorders I	3	0	3
SOC	211	Marriage and the Family	5	0	5
MHA	204	Social Agency Interviewing	3	6	5
MHA	201	Group Dynamics I	1	3	2
MHA	201P	Practicum IV	0	6	2
			12	15	17
FIFTH QUARTER					
PSY	212	Behavior Disorder II	3	0	3
PSY	221	Introduction to Personality	5	0	5
MHA	205	Introduction to Occupational and Recreational Therapy	3	0	3
MHA	202	Group Dynamics II	1	3	2
MHA	202P	Practicum V	0	6	2
			12	9	15
SIXTH QUARTER					
PSY	222	Introduction to Psychological Testing	5	0	5
		Elective	5	0	5
MHA	206	Mental Health Seminar	3	0	3
MHA	203P	Practicum VI	0	6	2
			18	6	15
		Totals	81	93	104-108

CURRENT CURRICULUM

FRESHMAN

Course	Number	Course Title	Class Hours	Lab Hours	Qtr. Hrs. Hours
FIRST QUARTER					
ENG	101	Grammar	3	0	3
PSY	102	General Psychology	3	0	3
SOC	201	Introductory Sociology	3	0	3
MHA	100	Mental Health Orientation	3	3	4
MHA	111	Introduction to Mental Health	3	3	4
			15	6	17
SECOND QUARTER					
ENG	102	Composition	3	0	3
PSY	120	Human Growth and Development	3	0	3
SOC	103	Social Problems	3	0	3
MHA	112	Group Processes I	1	3	2
MHA	112P	Practicum I	0	6	2
MHA	114	Social Agency Interviewing	3	6	5
			13	15	18
THIRD QUARTER					
ENG	104	Technical Writing	3	0	3
PSY	211	Behavior Disorder I: Theory	3	0	3
SOC	212	Marriage and the Family	3	0	3
MHA	113	Group Processes II	1	3	2
MHA	113P	Practicum II	0	6	2
MHA	220	Introduction to Occupational and Recreational Therapy	3	0	3
			13	9	16
SUMMER QUARTER					
MHA	115	Field Internship in Community Mental Health	6	34	9

CURRENT CURRICULUM

SOPHOMORE

Course Number		Course Title	Class Hours	Lab Hours	Qtr. Hrs. Credit
FOURTH QUARTER					
ENG	231	Public Speaking	3	0	3
PSY	212	Behavior Disorder II: Modification	3	0	3
PSY	205	Abnormal Psychology	5	0	5
PSY	225	Introduction to Psychological Testing	2	3	3
MHA	210	Group Dynamics I	1	3	2
MHA	210P	Practicum III	0	6	2
			14	12	18
FIFTH QUARTER					
PSY	219	Introduction to Personality	3	0	3
PSY	230	Psychology and Physiology of Aging	3	0	3
MHA	211	Group Dynamics II	1	3	2
MHA	211P	Practicum IV	0	6	2
		Electives	6	0	6
			13	9	16
SIXTH QUARTER					
PSY	223	The Addictive Personality	3	0	3
MHA	215	Mental Health Seminar	3	0	3
MHA	215P	Practicum V	0	6	2
		Electives	6	0	6
			12	6	14
		Totals	86	91	108

PROPOSED CURRICULUM

FRESHMAN

Course Number		Course Title	Class Hours	Lab Hours	Qtr. Hrs. Credit
FIRST QUARTER					
MHA	101	Introduction to Mental Health	2	3	3
MHA	121	Group Processes and Dynamics I	2	3	3
MHA	111	Social Agency Interviewing	2	3	3
ENG	101	English Grammar	3	0	3
PSY	102	General Psychology	3	0	3
SOC	101	Introductory Sociology	3	0	3
			15	9	18
SECOND QUARTER					
MHA	102	Orientation to Mental Health	2	3	3
MHA	122	Group Processes and Dynamics II	2	3	3
PSY	219	Personality Theory	3	0	3
ENG	102	English Composition	3	0	3
PSY	120	Human Growth and Development	3	0	3
SOC	221	Marriage and the Family	3	0	3
			16	6	18
THIRD QUARTER					
MHA	113	Activity Therapy	2	3	3
MHA	123	Group Processes and Dynamics III	2	3	3
PSY	225	Psychological Testing	2	3	3
ENG	103	Technical Writing	3	0	3
PSY	215	Behavioral Disorders	3	0	3
SOC	201	Social Issues	3	0	3
			15	9	18
SUMMER QUARTER					
MHA	115	Internship in Mental Health	0	36	12

PROPOSED CURRICULUM

SOPHOMORE

Course Number	Course Title	Class Hours	Lab Hours	Qtr. Hrs. Credit
FOURTH QUARTER				
MHA 241	Crisis Intervention	2	3	3
MHA 221	Group Processes and Dynamics IV	2	3	3
PSY 220	Learning Theory	2	3	3
MHA 231	Community Resources	3	0	3
MHA 211	Mental Health Worker Roles	3	0	3
		12	9	15
FIFTH QUARTER				
MHA 202	Behavior Modification	2	3	3
MHA 222	Group Processes and Dynamics V	2	3	3
PHY 222	Exceptionality	3	0	3
MHA 232	Chemical Dependency	3	0	3
	Elective	3	0	3
		13	6	15
SIXTH QUARTER				
MHA 203	Behavioral Therapy	2	3	3
MHA 223	Group Processes and Dynamics VI	2	3	3
MHA 233	Mental Health Seminar	3	0	3
MHA 243	Gerontology	3	0	3
	Elective	3	0	3
		13	6	15
	Totals	84	81	111

CURRICULUM IN HUMAN SERVICES TECHNOLOGY

FRESHMAN

		Course Title	Quarter Hours Credit
FIRST QUARTER			
ENG	101	Grammar	3
HSA	100	Human Services: Introduction and Orientation	3
HSA	112	Group Processes & Dynamics I	2
PSY	102	General Psychology	3
PSY	223	Chemical Dependency	3
SOC	101	Introductory Sociology	3
		Elective	1
			18
SECOND QUARTER			
ENG	102	Composition	3
HSA	111	Human Services: Roles and Resources	3
HSA	113	Group Processes & Dynamics II	2
HSA	114	Human Services Interviewing	3
PSY	120	Human Growth and Development	3
SOC	221	The Family	3
		Elective	1
			18
THIRD QUARTER			
ENG	103	Technical Writing	2
HSA	116	Group Processes & Dynamics III	3
HSA	141	Crisis Intervention	3
PSY	215	Behavior Disorders	3
PSY	222	Exceptionality	3
SOC	201	Social Issues	3
		Elective	1
			18

SOPHOMORE

FOURTH QUARTER			
HSA	201	Human Services Seminar I	2
HSA	210	Group Processes & Dynamics IV	2
PSY	220	Learning Theory	3
		English Elective	3
		Health/Physical Education Elective	3
		Humanities Elective	3
		Open Elective	1
			17

	Course Title	Quarter Hours Credit
FIFTH QUARTER		
HSA 202	Human Services Seminar II	2
HSA 211	Group Processes & Dynamics V	2
PSY 211	Behavior Modification	3
	Health/Physical Education Elective	3
	Humanities Elective	3
	Math Elective	3
	Open Elective	1
		17
SIXTH QUARTER		
HSA 203	Human Services Seminar III	2
HSA 212	Group Processes & Dynamics VI	2
PSY 212	Behavioral Therapy	3
	Biological Sciences Elective	3
	Business Elective	3
	Social Studies Elective	3
	Open Elective	1
		17
SEVENTH QUARTER		
HSA 249	Internship in Human Services	12
	TOTAL	117

*Electives must be chosen from an associate degree curriculum.

Curriculum in Mental Health Technology

FRESHMAN

		Course Title	Quarter Hours Credit
FIRST QUARTER			
ENG	101	Grammar	3
HSA	100	Human Services: Introduction & Orientation	3
HSA	112	Group Processes & Dynamics I	2
PSY	102	General Psychology	3
PSY	223	Chemical Dependency	3
SOC	101	Introductory Sociology	3
		Elective	1
			18
SECOND QUARTER			
ENG	102	Composition	3
HSA	111	Human Services: Roles and Resources	3
HSA	113	Group Processes & Dynamics II	2
HSA	114	Human Services Interviewing	3
PSY	120	Human Growth and Development	3
SOC	221	The Family	3
		Elective	1
			18
THIRD QUARTER			
ENG	103	Technical Writing	3
HSA	116	Group Processes & Dynamics III	2
HSA	141	Crisis Intervention	3
PSY	215	Behavioral Disorders	3
PSY	222	Exceptionality	3
SOC	201	Social Issues	3
		Elective	1
			18

SOPHOMORE

FOURTH QUARTER			
HSA	210	Group Processes & Dynamics IV	2
MHA	202	Basic Health Care Technology	3
MHA	205	Counseling Techniques	3
MHA	220	Activity Therapies	3
PSY	220	Learning Theory	3
PSY	230	Gerontology	3
		Elective	1
			18

		Course Title	Quarter Hours Credit
FIFTH QUARTER			
HSA	211	Group Processes & Dynamics V	2
MHA	204	Mental Health Seminar I	2
MHA	207	Individual Therapy Techniques	3
MHA	213	Mental Retardation	3
PSY	211	Behavior Modification	3
PSY	219	Personality Theory	3
		Elective	1
			17
SIXTH QUARTER			
HSA	212	Group Processes & Dynamics VI	2
MHA	206	Mental Health Seminar II	2
MHA	209	Group Therapy Techniques	3
MHA	214	Children and Youth Services	3
PSY	212	Behavioral Therapy	3
PSY	225	Psychological Testing	3
		Elective	1
			17
SEVENTH QUARTER			
MHA	249	Internship in Mental Health	12
		TOTAL	118

*Electives must be chosen from an associate degree curriculum.

CURRICULUM IN ALCOHOLISM TECHNOLOGY

FRESHMAN

		Course Title	Quarter Hours Credit
FIRST QUARTER			
ENG	101	Grammar	3
HSA	100	Human Services: Introduction & Orientation	3
HSA	112	Group Processes & Dynamics I	2
PSY	102	General Psychology	3
PSY	223	Chemical Dependency	3
SOC	101	Introductory Sociology	3
		Elective	1
			18
SECOND QUARTER			
ENG	102	Composition	3
HSA	111	Human Services: Roles and Resources	3
HSA	113	Group Processes & Dynamics II	2
HSA	114	Human Services Interviewing	3
PSY	120	Human Growth and Development	3
SOC	221	The Family	3
		Elective	1
			18
THIRD QUARTER			
ENG	103	Technical Writing	3
HSA	116	Group Processes & Dynamics III	2
HSA	141	Crisis Intervention	3
PSY	215	Behavior Disorders	3
PSY	222	Exceptionality	3
SOC	201	Social Issues	3
		Elective	1
			18

SOPHOMORE

FOURTH QUARTER			
AES	200	Alcohol Abuse and Alcoholism: An Introduction	3
AES	201	Alcoholism Services: Roles and Resources	3
AES	215	Individual Studies in Alcoholism I	1
HSA	210	Group Processes and Dynamics IV	2
PSY	220	Learning Theory	3
		Elective	4
			16

		Course Title	Quarter Hours Credit
FIFTH QUARTER			
AES	216	Individual Studies in Alcoholism II	1
AES	220	Counseling the Alcoholic	3
AES	221	Techniques of Alcohol Education I	3
AES	224	Therapy I: Working With the Alcoholic	3
HSA	211	Group Processes and Dynamics V	2
PSY	211	Behavior Modification	3
		Elective	1
			16
SIXTH QUARTER			
AES	217	Individual Studies in Alcoholism	1
AES	222	Techniques of Alcohol Education II	3
AES	223	Rehabilitating the Alcoholic	3
AES	225	Therapy II: Working With the Family of the Alcoholic	3
HSA	212	Group Processes and Dynamics VI	2
PSY	212	Behavioral Therapy	3
		Elective	1
			16
SEVENTH QUARTER			
AES	249	Internship in Alcoholism Services	12
		TOTAL	114

*Electives must be chosen from an associate degree curriculum.

CURRICULUM IN GERIATRIC TECHNOLOGY

FRESHMAN

		Course Title	Quarter Hours Credit
FIRST QUARTER			
ENG	101	Grammar	3
HSA	100	Human Services: Introduction & Orientation	3
HSA	108	Human Relations Training I	1
HSA	112	Group Processes and Dynamics I	2
HSA	141	Crisis Intervention	3
PSY	102	General Psychology	3
SOC	101	Introductory Sociology	3
			18
SECOND QUARTER			
ENG	102	Composition	3
HSA	111	Human Services: Roles and Resources	3
HSA	113	Group Processes and Dynamics II	2
HSA	114	Human Services Interviewing	3
HSA	118	Human Relations Training II	1
PSY	120	Human Growth and Devleopment	3
SOC	221	The Family	3
			18
THIRD QUARTER			
ENG	103	Technical Writing	3
HSA	116	Group Processes and Dynamics III	2
HSA	128	Human Relations Training II	1
PSY	215	Behavior Disorders	3
PSY	222	Exceptionality	3
PSY	223	Chemical Dependency	3
SOC	201	Social Issues	3
			18
		TOTAL	54

SOPHOMORE

		Course Title	Quarter Hours Credit
FOURTH QUARTER			
GSA	200	Social, Cultural, and Familial Factors in Aging	3
GSA	220	Psychological Changes, Personality Functions, and Psychopathology during Later Life	3
HSA	208	Human Relations Training IV	1
HSA	210	Group Processes and Dynamics IV	2
PSY	220	Learning Theory	3
PSY	225	Psychological Testing	3
		Elective	3
			18
FIFTH QUARTER			
GSA	211	Physical and Health Changes with Age	3
GSA	216	Income, Employment, and Economic Factors in Aging	3
GSA	221	Political and Legal Factors in Aging	2
GSA	222	Stages, Crises, and Crisis Periods in Later Life	3
HSA	211	Group Processes and Dynamics V	2
HSA	218	Human Relations Training V	1
PSY	211	Behavior Modification	3
			17
SIXTH QUARTER			
GSA	217	Special Needs of Older Persons	2
GSA	223	Programs and Services for Older Persons	3
GSA	224	Utilization of Community Resources for Older Persons	3
HSA	212	Group Processes and Dynamics VI	2
HSA	228	Human Relations Training VI	1
PSY	212	Behavioral Therapy	3
		Elective	3
			17
SEVENTH QUARTER			
GSA	249	Internship in Geriatric Technology	12
		TOTAL	118

CURRICULUM IN SOCIAL SERVICES TECHNOLOGY

FRESHMAN

		Course Title	Quarter Hours Credit
FIRST QUARTER			
ENG	101	Grammar	3
HSA	100	Human Services: Introduction and Orientation	3
HSA	108	Human Relations Training I	1
HSA	112	Group Processes and Dynamics I	2
HSA	141	Crisis Intervention	3
PSY	102	General Psychology	3
SOC	101	Introductory Sociology	3
			18
SECOND QUARTER			
ENG	102	Composition	3
HSA	111	Human Services: Roles and Resources	3
HSA	113	Group Processes and Dynamics II	2
HSA	114	Human Services Interviewing	3
HSA	118	Human Relations Training II	1
PSY	120	Human Growth and Development	3
SOC	221	The Family	3
			18
THIRD QUARTER			
ENG	103	Technical Writing	3
HSA	116	Group Processes and Dynamics III	2
HSA	128	Human Relations Training III	1
PSY	215	Behavior Disorders	3
PSY	222	Exceptionality	3
PSY	223	Chemical Dependency	3
SOC	201	Social Issues	3
			18
		TOTAL	54

SOPHOMORE

		Course Title	Quarter Hours Credit
FOURTH QUARTER			
HSA	208	Human Relations Training IV	1
HSA	210	Group Processes and Dynamics IV	2
POL	111	United States Government	3
PSY	220	Learning Theory	3
PSY	225	Psychological Testing	3
SSA	200	Social Services: Introduction and Orientation	3
SSA	220	Social Recreation and Leadership	3
			18
FIFTH QUARTER			
ECO	106	Economics	5
HSA	211	Group Processes and Dynamics V	2
HSA	218	Human Relations Training V	1
PSY	211	Behavior Modification	3
SSA	211	Family Life Education	3
SSA	221	The Culture of Poverty	3
			17
SIXTH QUARTER			
HSA	212	Group Processes and Dynamics VI	2
HSA	228	Human Relations Training VI	1
PSY	212	Behavioral Therapy	3
SSA	216	Problems and Issues in Social Services	2
SSA	222	American Minorities, Racism, and Sexism	3
SSA	223	Juvenile Delinquency	3
		Elective	3
			17
SEVENTH QUARTER			
SSA	249	Internship in Social Services	12
		TOTAL	118

ALCOHOLISM

		CL. Hrs.	Lab Hrs.	Qtr. Hrs.
AES 200	ALCOHOL ABUSE & ALCOHOLISM: AN INTRODUCTION	3	0	3

A study of the historical, physiological, nosological, sociological, psychological and economic factors involved in the use and abuse of alcohol. Fundamental theories of development, dynamics, education and rehabilitation are examined in the light of current research findings.

		CL. Hrs.	Lab Hrs.	Qtr. Hrs.
AES 201	ALCOHOLISM SERVICES: ROLES & RESOURCES	3	0	3

An introduction to the roles and functions of alcoholism workers; attempting to explicate existing levels of workers and identify logical placements for associate level alcoholism workers, such as educations specialists and counselors. Roles are explored within existing alcoholism services programs and experiential knowledge of linkages within and among community and regional resources is gained.

		CL. Hrs.	Lab Hrs.	Qtr. Hrs.
AES 215, 216 217	INDIVIDUAL STUDIES IN ALCOHOLISM	0	3	1

In-depth research of current findings concerning alcoholism affords the student the opportunity to meaningfully discuss the problems of the alcoholic. Bringing together all the aspects of alcoholism, the student is given the opportunity to formulate and express individual attitudes through oral reports and discussions in a seminar.

		CL. Hrs.	Lab Hrs.	Qtr. Hrs.
AES 220	COUNSELING THE ALCOHOLIC	2	3	3

A study of the various techniques involved in counseling the alcoholic. Laboratory experiences provide opportunities for observation and practice for competent skill acquisition in counseling techniques under faculty supervision. Importance is placed on assessing and meeting the needs of the client rather than of the system.

		CL. Hrs.	Lab Hrs.	Qtr. Hrs.
AES 221	TECHNIQUES OF ALCOHOL EDUCATION I	2	3	3

An introduction to the educational techniques used in alcohol education. Emphasis is placed on creating, organizing and utilizing innovative multimedia approaches to alcoholism education. Laboratory experience provides training in methods of making individuals, groups, communities, and institutions sensitive to the problems associated with the use and abuse of alcohol.

		CL. Hrs.	Lab Hrs.	Qtr. Hrs.
AES 222	TECHNIQUES OF ALCOHOL EDUCATION II	2	3	3

As a continuation AES 221, emphasis is placed on the application of the educational techniques learned in Alcohol Education I. Laboratory experience provides training in developing alcohol education programs and stimulating change in organizational attitudes towards alcohol.

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
AES 223	REHABILITATING THE ALCOHOLIC	2	3	3

An overview of the medical, psychiatric, psychological and sociological methods used in the treatment and rehabilitation of the alcoholic. Emphasis is placed on such techniques as music and recreation therapy, activity therapy, life management, assertiveness training and other methods concerned with creating alternatives to the use of alcohol.

AES 224	THERAPY I - WORKING WITH THE ALCOHOLIC	2	3	3

A study of the individual and group therapy techniques used with the alcoholic. Emphasis is placed on laboratory experience in classical individual and group therapy techniques as well as more current approaches such as Gestalt Therapy, Transactional Analysis, Bioenergetics and Reality Therapy.

AES 225	THERAPY II - WORKING WITH THE FAMILY OF THE ALCOHOLIC	2	3	3

A study of the therapeutic techniques used in working with the family of the alcoholic. Emphasis is placed on such group techniques as Conjoint Family Therapy, Network Therapy, AlAnon, Ala Teen, and Multiple Family Therapy in addition to procedures for home studies and individual counseling of family members.

AES 249	INTERNSHIP IN ALCOHOLISM	0	36	12

A one-quarter intern assignment in an agency involved with alcoholism. The student gets acquainted with the philosophy, procedures, and day-to-day operations of the agency. Under the supervision of a professional alcoholism worker, the student observes educational, counseling and rehabilitation techniques employed by the agency, participates in ongoing activities and renders direct services to clients. Students keep a chronological record of significant events and evaluations and submit weekly written reports to the supervising instructor.

ENGLISH

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
ENG 101	GRAMMAR	3	0	3

Designed to aid the student in the improvements of self-expression. Functional approach with emphasis on grammar, diction, sentence structure, punctuation, and spelling. Intended to stimulate students in applying basic principles of English grammar in their day-to-day situations in industry and social life. Emphasis on the sentence and paragraph.

ENG 102	COMPOSITION	3	0	3

Continuation of functional approach to organized expression of thoughts and ideas in writing. Emphasis on the expansion of paragraph writing into lengthy writings pertinent to everyday experiences.

ENG 103	TECHNICAL WRITING	3	0	3

Practical applications of the student's knowledge of English relevent to his curriculum with emphasis on forms of business communication: Letters, memorandums, and short report.

GERIATRIC TECHNICIAN

COURSE DESCRIPTIONS

GSA 200	SOCIAL, CULTURAL, AND FAMILIAL FACTORS IN AGING The value system within the culture of a society, the position a society accords its members, and its behavior toward them are basic factors in determining the extent to which people enjoy status in the society and find opportunity for satisfying their needs. All societies develop expectations for their members and make specific role assignments to them. Individual personality is shaped, in large part, from these expectations and roles. Social status derives from the roles the individual accepts and the manner in which he fills them. Longer life expectancy and other factors have incrreased the number of living generations within most American kinships or families. Economic and social dependency at both ends of life span has raised new and complex questions concerning intergenerational relationships and responsibilities.
GSA 220	PSYCHOLOGICAL CHANGES, PERSONALITY FUNCTIONS, AND PSYCHOPATHOLOGY DURING LATER LIFE Of concern to those planning for and serving older people are the psychological changes which manifest themselves during the middle years and, like health decrements, seem to become cumulative during later maturity and old age. The entire area of psychological change is characterized by great complexity, but research has begun to reveal certain regularities or probabilities which serve as guidelines to the professional worker. Mental and emotional behavior changes constitute perhaps the most challenging and frustrating of all aspects of ald age.
GSA 211	PHYSICAL AND HEALTH CHANGES WITH AGE Researchers in the biological and medical sciences are agreed that all older people today show the effects of biological changes and that the aging body becomes a museum of diseases. As a result, many older people become increasingly limited in activity and mobility.
GSA 216	INCOME, EMPLOYMENT, AND ECONOMIC FACTORS IN AGING Retirement from career occupation is a common expectation of people in our society. There appears to be a trend towards earlier retirement even though average life expectancy, better health, and vigor are extended. Currently, there is a good deal of dialogue concerning the extent to which employment opportunities should be provided for older people.

GSA 221 **POLITICAL AND LEGAL FACTORS IN AGING**
Many Americans during their years of maturity remain ignorant of the law and uninvolved in political activities but manage to get through without too much apparent damage. This is only nearly so true during the later years when every penny has its unique priority to older persons and a legal problem could destroy any meagre means which might be sustaining them. There are now enough older persons that, if they chose to become politically involved, could bring a great deal of pressure to bear on matters important to older Americans.

GSA 222 **STAGES, CRISES, AND CRISIS PERIODS IN LATER LIFE**
Gerontologists have been trying to identify and characterize stages in the later life cycle, as behavioral scientists have done with respect to the first 30 years or so of the lifespan. A practical value of these efforts would seem to lie in their implications for planning environmental facilities, opportunities, expectations, and services consistent with the characteristcs, interests, and needs found among people at each of these several stages. The later stages of life are characterized by several crisis situations. Few older people have any real preparation for meeting them. The trauma experienced is usually aggravated by the fact that these crises occur when the individual's capacity for meeting them is probably less than it was when he or she was younger.

GSA 217 **SPECIAL NEEDS OF OLDER PERSONS**
The needs of older persons expressed in philosophic terms are those common to all human beings. They become particularly distinct when viewed against the background of adverse social, economic, and health changes.

GSA 223 **PROGRAMS AND SERVICES FOR OLDER PERSONS**
The goals and objectives of programs and services for older persons may or may not have continuity from their origin to their implementation, such as national enabling and funding legislation and local activity through the emerging concept of neighborhood centers. Health programs for the aging, as insufficient as they might be, often serve as the single service available to many older persons. The developmental approach to programming services for older persons can be reinforced by factoring out useful components of past and present programs and services for older persons.

GSA 224 UTILIZATION OF COMMUNITY RESOURCES FOR OLDER PERSONS

There is the need for public welfare personnel and others to give full-scale attention to all the needs of all elderly persons and to participate in the development of the community's total program of services for all older residents of the community. Working with a total community of agencies requires that staff know about the interests and aims of each agency whose cooperation is sought and that staff understand the dynamics of agency exchange.

GSA 249 INTERNSHIP IN GERIATRIC TECHNOLOGY

An opportunity to experience the interfacing of knowledge, skills, and attitudes learned in the curriculum with the delivery of services and operation of programs in community agencies meeting needs of older persons. The internship consists of three months of full-time work with older persons under the direct supervision of professional service workers in aging, such as senior citizen groups, nursing homes, geriatric units of state and county hospitals, county departments of social services, mental health centers, and others. The internship experience and supervision is coordinated by staff of the Geriatric Technician Training Program.

HUMAN SERVICES

Cl. Hrs. Lab Hrs. Qtr. Hrs.

HSA 100 HUMAN SERVICES: INTRODUCTION AND ORIENTATION 2 3 3

An introduction to the history of human services and related theories and systems. Agencies, institutions, and programs which help meet human services needs are studied in the broad context of social and political systems. Guest lecturers are representative of human services occupations, and field trips to agencies and institutions delivering human services offers a familiarization with the components of the delivery system.

HSA 108 HUMAN RELATIONS TRAINING I (Elective) 0 3 1

Basic training in personal growth accomplished within the context of a four-day workshop at an appropriately designed residential facility or retreat. Students meet for twenty-two hours in small groups of approximately twelve persons with an instructor for laboratory or experiential learning. Workshop community meets for eleven hours of processing and lecture on parameters of personal growth.

HSA 111 HUMAN SERVICES: ROLES AND RESOURCES 3 0 3

An introduction to the roles and functions of human services workers; attempting to explicate existing levels of workers and identify logical placements for associate level workers. Roles are explored within existing human services organizations and experiential knowledge of linkages within and among community resources is gained.

HSA 112 GROUP PROCESSES AND DYNAMICS I 1 3 2

An introduction to group processes and dynamics through the use of psychological/sociological games. Each game is played firstly to learn the rules and participate smoothly and secondly to gain experiential perspective on interpersonal processes within structured situations. Feelings generated during each game are debriefed and then the applications of the game to human services are examined.

HSA 113 GROUP PROCESSES AND DYNAMICS II 1 3 2

As a continuation/expansion of HSA 112, a closer look at processes and dynamics is taken through the replacement of the games with structured, interactional exercises. Each exercise is purposefully designed to emphasize a particular aspect of interpersonal process, both overt and covert.

HSA 114 HUMAN SERVICES INTERVIEWING 2 3 3

Study of purpose, structure, focus, and techniques employed in effective interviewing. Laboratory experiences providing opportunities for observation, practice, recording, and summarizing personal histories under faculty supervision. Importance of interview as client's initial encounter with system is stressed--interviewing to meet need of client rather than of system.

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
HSA 116	GROUP PROCESSES AND DYNAMICS III	1	3	2

A continuation-expansion of HSA 112 and HSA 113, with the focus moving from the verbal mode of interaction and communication to other modes. These modes include basic art media, including music, clay, paints, and inks. The application of such nonverbal modes to mental health services and clients is examined.

HSA 118	HUMAN RELATIONS TRAINING II (Elective)	0	3	1

Basic training in interpersonal relations accomplished within the context described in HSA 108, with a similar workshop format. Builds upon knowledge, skills, and attitudes acquired is HSA 108.

HSA 128	HUMAN RELATIONS TRAINING III (Elective)	0	3	1

Basic training in group development and stages of group growth is accomplished within the context described in HSA 108, with a similar workshop format. Builds upon knowledge, skills, and attitudes acquired in HSA 108 and HSA 118.

HSA 141	CRISIS INTERVENTION	2	3	3

An attempt to help persons acquire the knowledge, skills, and attitudes necessary for successful intervention in the crises persons face. Experiences are based mainly in community systems of crisis intervention including classic areas like crisis phone counseling and innovative approaches.

HSA 208	HUMAN RELATIONS TRAINING IV (Elective)	0	3	1

Advanced training in team building accomplished within the context described in HSA 108, with a similar workshop format. Builds upon knowledge, skills, and attitudes acquired in HSA 108 through HSA 128.

HSA 210	GROUP PROCESSES AND DYNAMICS IV	1	3	2

The analysis of transactions, games, and scripts by which persons live and communicate and interact. The transactional analysis model is learned through experiencing group therapy based upon transactional analysis techniques. A number of structured exercises are employed to focus upon and elucidate particular aspects of the overall model.

HSA 211	GROUP PROCESSES AND DYNAMICS V	1	3	2

The study of the conjoint family therapy approach to helping human services clients with people problems. The model is examined as a process-dynamics system, using many parts of experiential techniques in a unified strategy. A similar format to HSA 210 is used to facilitate the learning process.

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
HSA 212	GROUP PROCESSES AND DYNAMICS VI	1	3	2

An open-ended group experience that draws upon the learnings of the previous five courses in processes and dynamics. It affords each student an opportunity to develop a unique, electic model that feels comfortable. The format allows each student to work with a group of clients while simultaneously participating in a group of peers.

HSA 218	HUMAN RELATIONS TRAINING V (Elective)	0	3	1

Advanced training in group processes and dynamics accomplished within the context described in HSA 108, with a similar workshop format. Builds upon knowledge, skills, and attitudes in HSA 108 through HSA 208.

HSA 228	HUMAN RELATIONS TRAINING VI (Elective)	0	3	1

Advanced training in helping relationships accomplished within the context described in HSA 108, with a similar workshop format. Builds upon knowledge, skills, and attitudes acquired in HSA 108 through HSA 218.

HSA 249	INTERNSHIP IN HUMAN SERVICES	0	36	12

Each student has an opportunity to work in a human services agency, institution, or program under the supervision of agency staff and college personnel. The student has an opportunity to apply and practice what has been learned in the program while learning from the professionals in the field.

MENTAL HEALTH

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
MHA 202	BASIC HEALTH CARE TECHNOLOGY	2	3	3

An introduction to the knowledge of client health needs with mental health agencies and institutions, such as medications, physical problems, and equipment. Basic health care skills are learned and practiced in laboratory placements within mental health facilities; skills including taking blood pressure and pulse rate, catheterizing, and other basic skills. Basic distinctions in medical emergencies are made, such as between a heart attack and an overdose.

MHA 204	MENTAL HEALTH SEMINAR I	2	0	2

A comprehensive analysis of the professional and professionalism in mental health. Values and ethics are raised as crucial issues to the nature of mental health services and to the sanctions available to mental health agencies and workers. Mental health as a social institution and a political force is discussed.

MHA 205	COUNSELING TECHNIQUES	2	3	3

An introduction to counseling theory and techniques and the historical forces of those models in current use. Counseling skills are learned and practiced in laboratory placements within the mental health system, whereby students observe and help in group and individual counseling sessions. Theories and systems are compared for relative strengths and weaknesses and appropriate areas and groups of application of each.

MHA 206	MENTAL HEALTH SEMINAR II	2	0	2

An in-depth review of current issues and trends within the field of mental health. The student is expected to demonstrate knowledge and skills from the entire program in group conferences and oral reports. The seminar is an opportunity for bringing together all parts of the curriculum in a meaningful dialogue.

MHA 207	INDIVIDUAL THERAPY TECHNIQUES	2	3	3

An extension and continuation of MHA 205, where a more intense intervention and/or a more extended helping relationship is necessary as a function of the intensity of the client problem. Knowledge of theories and systems is covered in detail, including historical forces involved. Skills are learned and practiced as an extension of the MHA 205 field placements for laboratory credit.

MHA 209	GROUP THERAPY TECHNIQUES	2	3	3

An extension of MHA 205 and a continuation of MHA 207, but with groups of clients who need intensive and/or longterm psychotherapy. The theories of group therapy in current use are examined in the light of their historical perspectives. The practice of group skills is possible through laboratory experiences in the mental health system.

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
MHA 213	MENTAL RETARDATION	2	3	3

A thorough knowledge of mental retardation is gained through a balanced offering of didactic materials and laboratory placements in agencies, institutions, and programs serving developmentally disabled clients. Techniques for facilitating normalization of retarded clients are learned in field placement experiences. Programs for returning residential clients, particularly adults, to their communities are examined in theory and in practice.

MHA 214	CHILDREN AND YOUTH SERVICES	2	3	3

A comprehensive survey of mental health services available to children and youth and an introduction to the legal, political, and social forces responsible for the development of such services. Current practices are examined and discussed in the light of historical landmarks in services for the skills for working with children and youth are learned and practiced in field placements in programs for these groups of clients and community resources are identified in the light of roles of advocacy, liaison, and brokerage.

MHA 220	ACTIVITY THERAPIES	2	3	3

Overview of the types of activity utilized as therapeutic techniques, with particular emphasis on the purpose of each, ways of creating and holding interests in the activity and the role of the mental health worker in assisting clients to participate. Includes Music Therapy, Occupational Therapy, Industrial Therapy, and Recreational Therapy; also, a brief introduction to Physical Therapy.

MHA 249	INTERNSHIP IN MENTAL HEALTH	0	12	36

A one-quarter intern assignment in a mental health/human services agency. Student gets acquainted with the philosophy, procedures, and day-to-day operations of agency. The student observes and participates in staff meetings, interviews, client servicing, and agency planning. Direct services are rendered under the supervision of staff members of the agency and faculty members. Students keep a daily chronologue of significant events and submit a formal written report at the end of the internship period.

PSYCHOLOGY

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
PSY 102	GENERAL PSYCHOLOGY	3	0	3

A study of the basic principles of psychology; development, learning, perception, motivation, emotion, and personality. An effort is made to relate the basic principles to everyday experiences.

PSY 120	HUMAN GROWTH AND DEVELOPMENT	3	0	3

A study of the basic principles of physiology psychological growth stages of child from conception through adolescence.

PSY 211	BEHAVIOR MODIFICATION	2	3	3

The study and application of techniques for changing behaviors defined as unacceptable to one's self and/or others. The emphasis is upon the modification of gross categories of behavior under relatively controlled reinforcement conditions. This is seen as extending knowledge from PSY 220 into skills training in basic techniques.

PSY 212	BEHAVIORAL THERAPY	2	3	3

An extension and continuation of PSU 211--learning more refined techniques of changing relatively more complicated forms of social behavior, with less control of environmental reinforcement contingencies. Theoretical models are examined in the light of skills training in these techniques of behavioral change. The artistic nature of this therapeutic approach is discussed.

PSY 215	BEHAVIORAL DISORDERS	3	0	3

A study of the abnormal or socially unacceptable ways in which people behave, including causes, corrective procedures, and classification by categorical terminology. Etiological and nosological considerations are the main factors examined, along with the historical perspectives of the field and current trends.

PSY 219	PERSONALITY THEORY	3	0	3

The development of personality and application of concepts on a more or less self-determining system of beliefs, values, and behavior tendencies. The major personality theorists and their theories are examined, particulary with respect to their historical perspectives and current trends.

PSY 220	LEARNING THEORY	2	3	3

The study of the major current theories concerning how humans learn, with particular emphasis upon how people learn to behave. Special consideration is given to learned behaviors which subject people to mental health workers. The notion that unacceptable behaviors are learned in the same manner as acceptable behaviors is examined.

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
PSY 222	EXCEPTIONALITY	3	0	3

The study of exceptional persons and various categories of exceptional people. The interdependent nature of psychological, social, physical, medical, and economic parameters involved in exceptionality is examined. The development/causation of exceptionality, understanding, acceptance, and corrective procedures are studied--particularly with respect to mental health.

PSY 223	CHEMICAL DEPENDENCY	3	0	3

Human behavior surrounding the use, misuse and abuse of drugs is examined with emphasis placed on the causative factors leading to chemical dependence. Preventive and corrective procedures in the treatment of drug addiction will be examined in the light of currently available research.

PSY 225	PSYCHOLOGICAL TESTING	2	3	3

A study of basic concepts to tests and measurements, such as validity, reliability, deviation, norms, etc. The major psychological tests used in mental health are studied, with the emphasis decreasing from administering, scoring, and interpreting.

PSY 230	GERONTOLOGY	3	0	3

A study of the aged and the aging process. The interdependent nature of the following parameters are analyzed: medical, psychological, sociological, economic, and physical. Particular emphasis is placed upon the correlation of the needs of the elderly and the available resources for meeting those needs--and corrective measures where deficiencies are determined.

SOCIOLOGY

		Cl. Hrs.	Lab Hrs.	Qtr. Hrs.
SOC 101	INTRODUCTORY SOCIOLOGY	3	0	3

A study of theories and concepts used by sociologists to describe behaviors and interactions between the individual and his sociocultural world; and the processes of socialization, organization and change.

SOC 201	SOCIAL ISSUES	3	0	3

A study of the nature and extent of major social problems of contemporary society, with emphasis given to such problems as family organization, crime and delinquency, minority groups, industrialization and urbanization.

SOC 221	THE FAMILY	3	0	3

The study of the origin and development of the family as a social institution with emphasis on courtship, marriage, parenthood, family relationships and problems of the contemporary American family.

SOCIAL WELFARE TECHNICIAN

COURSE DESCRIPTIONS

SSA 200	SOCIAL WELFARE: INTRODUCTION AND ORIENTATION An introductory course identifying the multi-fold programs and activities of social welfare and the helping services and their key role in modern society; observation and reporting techniques emphasized.
SSA 220	SOCIAL RECREATION AND LEADERSHIP A theory and activity course teaching: (1) leadership of activity, with emphasis on the social development and integration of individuals into group programs and (2) mechanics of planning techniques of presentation and repertoire of special activities for social recreation. Field trips required.
SSA 211	FAMILY LIFE EDUCATION A study of the child in the family and community in relation to social, cultural, economic, racial and geographical influences on his growth and development. Community resources as they relate to the education, health, welfare, recreational and other activities of the child.
SSA 221	THE CULTURE OF POVERTY Survey of various poverty areas of America, including urban minority groups, Appalachia and other rural poverty pockets, and the American Indian, both in the cities and on reservations. Emphasizes contributions of each culture and looks toward positive methods of alleviating poverty.
SSA 216	PROBLEMS AND ISSUES IN SOCIAL WELFARE Identifies the problems, issues, and concerns of modern living to which social welfare and the helping professions address themselves; specifies the value base on which social welfare programs are built and offers a beginning look at the basic knowledge, skills, abilities, and attitudes, as well as the ethical elements of the helping professions.
SSA 222	AMERICAN MINORITIES, RACISM, AND SEXISM A course primarily concerned with racism and sexism in institutions--those large complexes of human activity through which society functions: Education, economic life, the law, government, social welfare. Definition and description of racism and sexism including their scope and intensity. Personal implications which racism and sexism have for the student preparing for the role as a helping person.

SSA 223 JUVENILE DELINQUENCY

Causes of juvenile delinquency, institutions which deal with juvenile delinquency and some theories and methods for its prevention.

SSA 249 INTERNSHIP IN SOCIAL WELFARE

Students are placed in various agencies and organizations to learn through supervised participation in the work of the agency. Initial emphasis is on (a) student growth in self-awareness and self-esteem, (b) interviewing skills, (c) connections and interrelationships with other core courses, and (d) introduction to systems: the agency and client systems. The student applies the values, concepts and skills gained from the core courses to the actual process of helping persons. The second phase has a focus on (a) sharpening of skills and knowledge learned earlier, (b) use of self in the helping process, (c) group process, and (d) systems: instrumental systems and the use of community resources. The final stage of the internship includes (a) further understanding and use of skills learned earlier, (b) participation in the group process: functioning as a group member and leader, (c) continuing skill in the use of self, (d) use of systems: the relationships between social services and society, and (e) beginning skills in social change.

POL 111 UNITED STATES GOVERNMENT

A study of government with emphasis on basic concepts, structure, powers, procedures and problems. Theoretical and historical analysis of power structure in American government. Balance of power and checks and balances: functional and dysfunctional. Decision-making processes in government. Influences upon legislation: special interests, voter interests, pluralism of cultures.

ECO 106 ECONOMICS

An introduction to Economic theories and principles with emphasis upon the roles of households, businesses, and Government in a Market Economy, national income and its measurements, and the public debt. Fundamental study of significant economic problems with analysis of history of economics in American and the relationship of economics to societal change.

ELECTIVES --can be selected from the following, as well as other unlisted:

BIOLOGY OF MAN

Introductory course emphasizing environmental biology and its relationship to man as one among the many sciences highlighting the spirit of discovery of life, of living and changing relationships; the functional basis of life, chemical and neural control of life and the coordination of the organism.

HUMANITIES
An examination of great ideas of Western Culture from antiquity to the present as exemplified in literature, philosophy, art, and music. The emphasis is on the interrelationship of ideas, especially those ideas which relate to human values and to the interpretation of human experience as expressed in the arts.

CHAPTER 6

CURRICULUM MATERIALS

GRAMMAR - ENGLISH 101

I. Description of Course

T-English 101, Grammar, is required of all technical students except those enrolled in the Dental Hygiene and the Associate Degree Nursing curricula. The student will review the elements of language and will master the writing and revising of sentences and paragraphs. Study material is self-instructional. Class meets 3 hours per week; 3 quarter hours credit.

II. Objectives

The student, through practice exercises, will

A. Review basic grammar and usage: verb-subject agreement, verb usage, and pronoun usage.
B. Review common misspelling and spelling of plural words.
C. Review punctuation: commas, periods, semicolons, colons, question marks, apostrophes, quotation marks, parentheses, and brackets,
D. Review appropriate capitalization.
E. Identify and write complete simple, compound, and complex sentences.
F. Recognize errors in sentence structure and to correct those errors.
G. Plan and compose paragraphs with an introductory topic sentence, a body, and a concluding sentence.
H. Perform supplementary exercises when such exercises are needed for him to comprehend the material.

III. Evaluation

The student must achieve grade of D on tests and the final examination. Students take a pre-test before beginning work in each unit; post-tests are similar to the pre-tests. The student must achieve a minimum grade of D on paragraphs.

IV. Specific Requirements of Course

A. All written assignments must be ready to be turned in at the beginning of the class period when they are due. Frequent in-class themes and paragraphs will be required during the quarter.

B. The student will be expected to follow the conventions of spelling, punctuation, and good English usage. On the other hand, mechanics alone are not enough. Content should be worthy of the time the student spends writing it and the time the teacher takes evaluating it. Repeated occurrences of the categories of errors listed on theme covers will result in failure on written work submitted. Theme covers (sold at Bookstore) are to be used with all paragraphs and themes.

A student with grammatical or spelling deficiency will be given outside assignments in the Directed Study Laboratory.

C. Paragraphs and themes must be written legibly and neatly in black or blue ink on regulation theme paper. Sheets of paper torn from a bound composition book may not be use. Themes written outside of class may be typed, provided the student does his own typing; typed themes must be doubled-spaced and must be on unruled paper of regulation size.

The student must write on one side of the paper only, numbering the pages with Arabic numerals in the upper right hand corner. The title of the theme is to be written on the first line of the first page. (Unless otherwise directed, the student need not entitle single paragraphs.) One line is to be left blank below the title. Each paragraph should be indented one inch from the margin line; the second line of the paragraph should come back to the margin line. A margin of at least three-fourths of an inch should be left at the right side of the page and at the bottom of the page. On pages with no title, the writing is to begin on the second line.

D. Before writing a theme, the student is required to make an outline of it. This outline should be considered an aid, not a straitjacket.

E. No theme grades are recorded until the theme has been corrected satisfactorily and returned to the instructor. Corrected and rewritten themes become the property of the instructor and are not returned to the student. Penalty for late return of assigned corrections will be the same as for original written assignments. Each instructor keeps on file paragraphs, themes, and tests. (See Theme Correction Guide)

F. Plagiarism: Plagiarism is the use of thoughts, ideas, or words of another person without that person's receiving credit as source. Copying from a student paper or a book or magazine--or even paraphrasing such material without indication that the material is not the writer's--is plagiarism and is cheating. Evidence of plagiarism means an automatic 0.

G. Attendance: The college considers regular class attendance important to good scholarship and a student's responsibility. The college does not condone any absence unless it is absolutely necessary. Absences caused by illness, an emergency, an authorized field trip, or off-campus activity to represent the college may be excused. Absence from class does not relieve the student of meeting all the requirements of the course.

Instructors are required to maintain accurate attendance records. When a student has unexcused absences that exceed 10% of the regular scheduled class sessions, he cannot receive credit for the course. Absences due to late registration shall be counted as unexcused absences except under extenuating circumstances as determined by the Dean of Instruction.

H. Conferences: Instructors are availalbe for conferences with students during their office hours. Offices of the English staff are located in Building K, and office hours are posted on office doors. If a student is unable to see an instructor during these hours he may make an appointment to see the instructor at another time.

V. Theme Correction Guide

A. Do not rewrite the entire theme unless you are specifically asked to do so. Only themes with serious problems of organization or development need to be rewritten.

B. Number the errors on your theme in the order of their occurrence.

> TRAVELING BY MOTORCYCLE. THROUGH A
>
> STUDY OF THE MOTERCYCLE, A DRIVER
>
> CAN DISCOVER THIS MACHINES LOW OPERATING COST. SUCH AS IN GAS, THE
>
> GAS MILAGE FOR A CAR IS MUCH

C. On a clean sheet of paper, write each revision beside the number corresponding to the error that is numbered on your paper. Each revision should consist of two parts:

1. A statement of the nature of the error, showing that you understand the principle involved; you may cite the rule in your handbook which explains the correction being made.
2. A revision of the error. Make the correction as simple as possible. For example, if the error is in punctuation, you may write the word preceding the correct mark of punctuation and the word which follows it. For spelling errors, simply write the word correctly five items.

1. Motorcycle, motorcycle, motorcycle, motorcycle motorcycle.
2. a. An introductory verbal phrase should be set off by a comma.
   b... motorcycle, a driver...
3. a. Singular possessing of a noun is found by adding an apostrophe and an s.
   b. Machine's
4. a. A sentence fragment is a group of words punctuated as a sentence, but not expressing a complete thought
   b... cost, such as in gas.
   or b. a motorcycle uses little gas for example.

D. Return theme and revisions as directed by your instructor.
E. If your revisions are unsatisfactory, you will be required to make further revisions until your instructor approves your work.

VI. Bibliography

A. Basic Skills in English by Individual Learning Systems Inc.
B. One of the Following Dictionaries:
   1. Webster's New World Dictionary.
   2. The American College Dictionary.
   3. Standard College Dictionary.
   4. Random House Dictionary.

ENGLISH 102 COMPOSITION

I. Description of Course

English 102, Composition, is required of all technical students except those enrolled in the Dental Hygiene and the Associate Degree in Nursing curricula. The student must have successfully completed English 101, Grammar, before enrolling in this course. The student will continue his review of the elements of language and will master the writing of related paragraphs. He may also practice the communication skill of listening, an optional unit of study. Study material is self-instructional. Class meets three hours per week for three quarter hours credit.

II. Objectives

The student, through practice exercises, will continue to review

A. Grammar and usage: dangling elements or misplaced modifiers, adjective-adverb confusion, comparative forms, parallelism, subordination, sentence variety, shift in point of view.
B. Common misspellings, including derivations.
C. Punctuation: exclamation point, hyphen, and dash.

The student will continue to employ the precepts of written communication by

A. Learning to use the dictionary effectively.
B. Preparing a simple outline and composing a set of paragraphs that are related in a smooth and orderly way.
C. Planning a complete composition by using a complex outline.
D. Writing an introductory paragraph, the related paragraphs that make the body of the composition, and the concluding paragraph.
E. Studying and writing themes of argumentation.

III. Optional

The student will listen to records and

A. Locate and record main points of a lecture.
B. Locate and record supporting evidence while listening to a lecture.
C. Record key words and phrases while listening to a lecture.
D. Change rough lecture notes into more complete and useful notes.

IV. Specific Requirements of Course

A. The student must achieve a grade of D on tests and the final examination. Students take a pre-test before beginning work in each unit; post-tests are similar to the pre-tests. The student must achieve a minimum grade of D on compositions.

B. Written Work:

1. All written assignments must be ready to be turned in at the beginning of the class period when they are due. Frequent in-class themes and paragraphs will be required during the quarter.
2. The student will be expected to follow the conventions of spelling, punctuation, and good English usage. On the other hand, mechanics alone are not enough. Content should be worthy of the time the student spends writing it and the time the teacher takes evaluating it. Repeated occurrences of the categories of errors listed on theme covers will result in failure on written work submitted. Theme covers (sold at Bookstore) are to be used with all paragraphs and themes.
3. Paragraphs and themes must be written legibly and neatly in black or blue ink on regulation theme paper. Sheets of paper torn from a bound composition book may not be used. Themes written outside of class may be typed, provided the student does his own typing; typed themes must be doubled-spaced and must be on unruled paper of regulation size.

   The student must write on one side of the paper only, numbering the pages with Arabic numerals in the upper right hand corner. The title of the theme is to be written on the first line of the first page. (unless otherwise directed, the student need not entitle single paragraphs.) One line is to be left blank below the title. On pages with no title, the writing is to begin on the second line. Each paragraph should be indented one inch from the margin line; the second line of the paragraph should come back to the margin line. A margin of at least three-fourths of an inch should be left at the right side of the page and at the bottom of the page.
4. Before writing a theme, the student is required to make an outline of it. This outline should be considered an aid, not a straitjacket.
5. No theme grades are recorded until the theme has been corrected satisfactorily and returned to the instructor. Corrected and rewritten themes become the property of the instructor and are not returned to the student. Penalty for late return of assigned corrections will be the same as for original written assignments. Each instructor keeps on file paragraphs, themes, and tests. (See Theme Correction Guide)
6. Plagiarism: Plagiarism is the use of thoughts, ideas, or words of another person without that person's receiving credit as source. Copying from a student paper or a book or magazine - or even paraphrasing such material without indication that the material is not the writer's - is plagiarism and is cheating. Evidence of plagiarism means an automatic 0.

7. Three-ring looseleaf notebook, standard notebook paper, pen with blue or black ink, and theme covers. All of this material may be purchased from the Wayne Community College Bookstore. Handouts should be kept in the three-ring notebook.

C. Attendance

The college considers regular class attendance important to good scholarship and a student's responsibility. The college does not condone any absence unless it is absolutely necessary. Absences caused by illness, an emergency, an authorized field trip, or off-campus activity to represent the college may be excused. Absence from class does not relieve the student of meeting all the requirements of the course.

Instructors are required to maintain accurate attendance records. When a student has unexcused absences that exceed 10% of the regular scheduled class sessions, he cannot receive credit for the course. Absences due to late registration shall be counted as unexcused absences except under extenuating circumstances as determined by the Dean of Instruction.

D. Conferences

Instructors are available for conferences with students during their office hours. Offices of the English staff are located in Building K, and office hours are posted on office doors. If a student is unable to see an instructor during these hours, he may make an appointment to see the instructor at another time.

V. Theme Correction Guide

A. Do not rewrite the entire theme unless you are specifically asked to do so. Only themes with serious problems of organization or development need to be rewritten.

B. Number the errors on your theme in the order of their occurrence.

> TRAVELING BY MOTORCYCLE. THROUGH A
> STUDY OF THE MOTERCYCLE, A DRIVE
> CAN DISCOVER THIS MACHINES LOW OPER-
> ATING COST. SUCH AS IN GAS. THE
> GAS MILAGE FOR A CAR IS MUCH

C. On a clean sheet of paper, write each revision beside the number corresponding to the error that is numbered on your paper. Each revision should consist of two parts:

1. A statement of the nature of the error, showing that you understand the principle involved; you may cite the rule in your handbook which explains the correction being made.
2. A revision of the error. Make the correction as simple as possible. For example, if the error is in punctuation, you may write the word preceding the correct mark of punctuation and the word which follows it. For spelling errors, simply write the word correctly five times.
    1. Motorcycle, motorcycle, motorcycle, motorcycle Motorcycle.
    2. a. An introductory verbal phrase should be set off by a comma.
        b... motorcycle, a driver...
    3. a. Singular possessing of a noun is found by adding an apostrophe and an s.
        b. machine's
    4. a. A sentence fragment is a group of words punctuated as a sentence, but not expressing a complete thought.
        b... cost. such as in gas.
        or b. a motorcycle uses little gas for example

3. Return theme and revisions as directed by your instructor.
4. If your revisions are unsatisfactory, you will be required to make further revisions until your instructor approves your work.

VI. Bibliography

A. Basic Skills in English by Individual Learning Systems, Inc.
B. Webster's New World Dictionary.
C. The American College Dictionary.
D. Standard College Dictionary.
E. Random House Dictionary.

ENGLISH 103: TECHNICAL WRITING

COURSE OUTLINE

I. Course Objectives

A. The student will review basic grammar as an aid to writing.
B. The student will learn to write effective business letters of various types.
C. The student will learn to prepare graphic aids of various types.
D. The student will learn to prepare a personal data sheet and resume.
E. The student will learn to prepare informal business reports.

II. Unit Titles

A. Package I: Encoding the Message
B. Package II: Language Review
C. Package III: Transmitting the Message
D. Package IV: Composing a Letter
E. Package V: Simple Goodwill Letters
F. Package VI: Basic Requests and Replies
G. Package VII: Business Reports
H. Package VIII: Streamlined Reports
I. Package IX: Writing for Employment Interview

III. Course Division by Time: Approximately one week for completion of each package. All packages should be completed in the eleven weeks' duration of the quarter.

IV. Evaluation

A. The student must score a minimum of 80 on each test and practice; as soon as the student scores, he may proceed to the next package.
B. Grading Scale

A	95-100
B	88-94
C	80-87
I	Incomplete (Failure to meet time limit as set in Part III)

V. Conditions of Performance

A. Tests on Packages will be taken by the student in the classroom under supervision.
B. Time Limit: 50 minutes. The student should score 80 on the first test (Post-Test). If he does not score 80 on the first test, the student will review his package and return to take a second test (Re-Test).

C. Practice work will be done outside of class and handed in and evaluated before the student receives his next package. The student must make a score of 80 or above on each practice.

VI. Criteria for Practice

A. Mechanics
  1. Spelling: no more than 2 errors in a letter.
  2. Fragment: no more than 1 error in a letter.
  3. Comma splice: no more than 1 error in a letter.
  4. Pronoun-antecedent: no more than 1 error in a letter.
  5. subject-verb: no more than 1 error in a letter.
  6. Other errors: one point will be deducted for each error.

B. Organization
  1. Each letter must achieve unity.
  2. Coherence: The letter must be coherent.

C. Content: Suggested programs will be given.

D. Form: The letters and graphic aids must be prepared to meet standards of accepted form.

VII. Specific Requirements of Course

A. Attendance

The college considers regular class attendance important to good scholarship and a student's responsibility. The college does not condone any absence unless it is absolutely necessary. Absences caused by illness, an emergency, an authorized field trip, or off-campus activity to represent the college may be excused. Absence from class does not relieve the student of meeting all the requirements of the course.

Instructors are required to maintain accurate attendance records. When a student has unexcused absences that exceed 10% of the regular scheduled class sessions, he cannot receive credit for the course. Absences due to late registration shall be counted as unexcused absences except under extenuating circumstances as determined by the Dean of Instruction.

B. Conferences

Instructors are available for conferences with students during their office hours. Offices of the English staff are located in Building K, and office hours are posted on office doors. If a student is unable to see an instructor during these hours, he may make an appointment to see the instructor at another time.

VIII. Required Test and Materials

A. Devlin, Frank J. Business Communication.
B. An acceptable dictionary.
C. Composition book.
D. Typing paper.
E. Pen with blue or black ink.

PUBLIC SPEAKING

ENGLISH 251

I. Description of Course

English 251, Public Speaking, is required of all technical students and recommended as an elective for college transfer students. It is a basic course in public speaking designed to give the student the poise and confidence necessary for thinking and speaking freely before an audience.

II. Objectives

The student will:

A. Organize, outline and present speeches of many kinds.
B. Be encouraged to think logically before an audience.
C. Use library resources in preparing his speeches.
D. Improve enunciation and pronounciation by taping his own voice.
E. Give prose and poetry readings in an effort to improve his reading ability.
F. Achieve the characteristics of a good speaker.
G. Evaluate speeches made by other students.
H. Listen to speakers to observe professional techniques.
I. Use visual aids in his own speeches and learn to use them effectively.
J. Make informative, persuasive and humorous speeches.

III. Evaluation

The student will be evaluated on his performance in accordance with the above stated objectives. His grade will be based primarily on his ability to speak effectively before an audience. As part of his final exam, each student will be required to make a speech incorporating as many techniques of a good speaker as he possibly can.

IV. Purpose of the Course

A. To give the student proficiency and confidence in speaking before a group.
B. To eliminiate common errors in pronunciation and grammar.
C. To improve enunciation.
D. To foster a desire to improve oral communication in business and social affairs.
E. To teach and give practice in organizing, outlining, and presenting different types of speeches.
F. To remind students of library sources available in the preparation of speeches.
G. To encourage logical thinking.

V. Specific Requirements of Course

A. Topics of Instruction
1. Characteristics one reveals about himself through his speech.
2. Value of speech in a democracy.
3. Characteristics of a good speaker.
4. Fundamentals of public speaking.
    a. Analysis
    b. Planning
    c. Delivery
5. Improvement of pronunciation.
6. Use of movement and gestures to improve speech effectiveness.
7. Organization of a speech.
    a. Deciding on a purpose.
        1. To inform.
        2. To persuade.
        3. To influence.
        4. To entertain.
    b. Selecting a topic.
    c. Narrowing a topic.
    d. Selecting material.
    e. Organizing material.
        1. Effective beginning.
    f. Developing the idea.
        1. By using an outline.
        2. By using different methods such as examples, reasons, comparison, and details.
    g. Using an effective closing.
8. Use of visual aids.
9. Evaluation of a speech.
10. Effective use of language.
11. Discussion group procedures.
12. Parliamentary procedure.
13. Use of the library.
14. Effective oral reading or recitation.
15. Use of the voice.

B. Types of Activities
1. Extemporaneous speech.
2. Practice on frequently mispronounced words.
    a. Using records.
    b. Using the tape recorder.
    c. Using lists of frequently mispronounced words
3. Speech of introduction, announcement, interview.
4. Speech to persuade.
5. Speech to inform.
6. Speech using visual aids.
7. Panel discussion.
8. Anecdote or speech to entertain.

C. Methods Used
1. Records
2. Tape recorder
3. Lectures
4. Reading by students on phases of public speaking
5. Guest Speakers

D. Attendance

The college considers regular class attendance important to good scholarship and a student's responsibility. The college does not condone any absence unless it is absolutely necessary. Absences caused by illness, an emergency, an authorized field trip, or off-campus activity to represent the college may be excused. Absence from class does not relieve the student of meeting all the requirements of the course.

Instructors are required to maintain accurate attendance records. When a student has unexcused absences that exceed 10% of the regular scheduled class sessions, he cannot receive credit for the course. Absences due to late registration shall be counted as unexcused absences except under extenuating circumstances as determined by the Dean of Instruction.

E. Make-Up Work

When a student misses a class, he should make arrangements with the instructor to make up the work as soon as possible. Work not made up within a reasonable time cannot be made up. If the absence is excused, there is no penalty for late work, provided the work is made up immediately. Work missed because of an unexcused absence will be penalized. In the case of an assigned test or speech missed because of an unexcused absence, the instructor may choose not to allow it to be made up.

F. Conferences

Instructors are available for conferences with students during their office hours. Offices of the English staff are located in Building K, and office hours are posted on office doors. If a student is unable to see an instructor during these hours, he may make an appointment to see the instructor at another time.

G. Textbook

Principles of Speech Communication, 6th Brief Edition by H. Monroe and Douglas Ehninger.

HSA 100 - HUMAN SERVICES: INTRODUCTION AND ORIENTATION

I. Description of Course

An introduction to the agencies and personnel in the field of human services, with concurrent coverage of theories, facts, and fictions. The main purpose is to give the student an intensive orientation to the field. Basic treatment of the understandings of the background of human services will be presented. Contemporary knowledge and major theoretical positions relating to the importance of cultural, social, psychological, and physiological causes of human problems will be treated in a basic way in this course.

II. Objectives

The student who has completed this course will be able to understand:

A. The history of human services.
B. Explain the function of various agencies involved in the field of human services.
C. Describe the changing perspectives toward human problems.
D. The helping professions and the effect they have on the public.
E. The basic principles of interviewing, case studies, examinations, psychoses, neuroses.
F. The basic principles of therapies employed in today's treatment means.

III. Outline of Content

A. Introduction.
B. History of psychiatric thought.
C. History taking and diagnostic procedures.
    1. Examination of the patient.
    2. Initial psychiatric interview.
    3. Complete case study.
    4. General physical and neurological examination.
    5. Examining for agnosia, apraxia, and aphasia.
    6. Electroencephalographic examination.
    7. Psychological examination.
    8. Psychodynamic concepts of personality development.
D. Clinical Syndromes.
    1. Problem of classification.
    2. Standard nomenclature of mental disorders.
    3. Organic brain syndromes.
    4. Psychoses not attributed to know physical condition.
    5. Neuroses.
    6. Personality disorders and certain other nonpsychotic mental disorders.
    7. Psychophysiological disorders.
    8. Transient situational disturbances and conditions without manifest psychiatric disorder.

MHA 201 MENTAL HEALTH WORKER ROLES

I. Description of Course

A critical analysis of the roles mental health workers need to function in while helping persons with people problems. Outreach, advocate, and broker roles are emphasized--focussing upon matching human services resources to client needs. The necessity to place priority upon client needs, as opposed to system needs, is examined. The course uses a number of publications from the Community College Mental Health Workers Project of the Southern Regional Education Board. This project has been for five years the regional and national leader in defining and describing all phases of Mental Health Associate programs. This course attempts to familiarize the student with the philosophy and guidelines of the staff of the above project, including a simulation game developed by the project director, Jim King. Students role play many mental health situations in small groups and rate each other on a form based on the roles and levels of roles described in Roles and Functions for Mental Health Workers.

Each student will be required to spend three hours per week in class for eleven weeks and to read the assigned materials and participate in all experiences designed for the class, such as role play and simulation (A total of thirty-three hours of contact for three quarter hours of credit).

II. Objectives

The student who has completed this course will be able to:

1. Identify and distinguish between needs of clients and needs of agencies, professions, etc.
2. When presented with a potential need of a client, offer at least three alternative activities which might meet that need.
3. Identify the three major constraints to meeting client needs by mental health workers.
4. List and identify the thirteen major functional roles of mental health workers.
5. Provide at least three examples of role behavior at each of the four levels of the thirteen roles of mental health workers.
6. Discuss the implications of mental health associates for each of the following:
    a. clients, families, communities
    b. workers
    c. agencies
    d. the professions
    e. personnel systems
    f. educational programs
    g. financial
    h. legal

III. Outline of Content

- A. Roles and Functions for Mental Health Workers
  - 1. Background and Rationale
    - a. The Problem
    - b. The Approach
    - c. The Plan
  - 2. Activities
    - a. Needs of Clients
    - b. Activities to Meet Needs of Clients
    - c. Needs of Agencies and Institutions
    - d. Constraints
      - (1). Legal
      - (2). Institutional
      - (3). Professional
  - 3. Recommendations
    - a. Functional Roles
      - (1). Levels of Workers
      - (2). Levels of Functions
    - b. Possible Work Activities for Various Functional Roles and Levels of Workers
  - 4. Implications
    - a. Clients, Families, Communities
    - b. Workers
    - c. Agencies
    - d. The Professions
    - e. Personnel Systems
    - f. Educational Programs
    - g. Financial
    - h. Legal
  - 5. Needs of Selected Target Groups and Activities to Meet Needs
- B. Plans for Teaching Mental Health Workers
  - 1. Background
    - a. The Problem
    - b. Approaches to Developing New Workers
    - c. Job Factoring
    - d. The Developmental Approach
    - e. The Generalist Concept
  - 2. Developing Curricular Objectives
    - a. The Advisory Committee
    - b. Purposes of Mental Health Worker Programs
    - c. The Philosophy of Mental Health Worker Programs
    - d. Curriculum Objectives
  - 3. Core of Competence of a Mental Health Worker at the Associate of Arts Level
    - a. Knowledge
    - b. Skills
    - c. Attitudes and Values

4. Achieving Curricular Objectives
    a. The Mental Health Core
    b. Field Experience
    c. Problems in Program Development
5. Innovations in Community College Mental Health Worker Programs
    a. Introductory Techniques
    b. Process-Oriented Education
    c. Field Experience
    d. Core Programs
    e. Independent Study
    f. Work/Study Designs
    g. The Formation of Consortia
    h. Evaluation
    i. Other Innovative Techniques

C. Readings in Mental Health Technology
    1. Comments on the Center for Human Services Research
    2. Some Basic Guidelines for the Training of "Helpers"
    3. What is a Mental Health Generalist--What are His Competencies?
    4. Humanizing Education in the Community College

IV. Specific Requirements of Course

The specific requirements of this course have been described in the Attendance and Grading Policy of the Mental Health Associate Program. This is a three-hour lecture class which does not require attendance but rather meeting of the behavioral objectives of the course as specified and tested in the posttest for the course. Letter grades are based on percentage of test items correct with optional bonus points added by Instructor for special assignments for out of class and participation in class activities.

V. Bibliography

The following publications are by the Southern Regional Education Board, Community College Mental Health Worker Project, 130 Sixth Street, N. W., Atlanta, Georgia, 30303.

1. Roles and Functions for Mental Health Workers (1969)
2. Plans for Teaching Mental Health Workers (1971)
3. Proceedings: National Faculty Development Conference (1971)
4. Teaching Mental Health Workers (1972)
5. Proceedings: National Faculty Development Conference (1972)
6. Middle Level Mental Health Workers are Here, What Now? (1974)
7. The Creation of a Discipline: Middle Level Mental Health Workers (1974)

MHA 231 COMMUNITY RESOURCES

I. Course Description

Resources in mental health are analyzed within the broad context of human services systems of the community. Private--Govermental, voluntary--involuntary, residential--non-residential and other agencies, organizations, and institutions are examined from the point of view of meeting the needs of persons. Students study the theoretical underpinnings of community mental health while experiencing the reality of local human services resources through personnel interviews, guest lectures, field trips, and conferences. Each year each group of class members update a comprehensive file in the program on all resource persons in the community, where they are located, what services they provide, etc. This class is closely associated and coordinated with the activities in MHA 201--Roles and Functions for Mental Health Workers.

Each student will be required to spend three hours per week for eleven weeks either participating in classroom activities or completing assignments in the community (A total of 33 contact hours for 3 quarter hours of credit).

II. Objectives

Upon completion of this course a student will be able to:

1. Describe the theoretical parameters of the following topics
    a. Community Psychology and Community Mental Health
    b. Primary Prevention and Crisis Intervention
    c. Mental Health Consultation
    d. Planned Change
    e. Mental Health Manpower
    f. Program Evaluation and Systems Analysis
2. Identify accurately by name, title, agency and service 75% of all human services resource persons in the local community
3. Diagram and describe the parameters of interagency relationships of all human service agencies in the community.
4. Describe the necessary steps for meeting client needs within and among community human services agencies

III. Outline of Content

A. Reading Topics in Community Mental Health
    1. Community Psychology and Community Mental Health
        a. What is Community Psychology Made Of?
        b. The Community and Mental Health: An Attempt at a Conceptual Framework
        c. The Community and the Community Mental Health Center
        d. Ecological Constraints on Mental Health Services

2. Primary Prevention and Crisis Intervention
    a. Perspectives on Primary Prevention: A review
3. Mental Health Consultation
    a. Consultation: Some Expectations, Principles, and Skills
    b. Types of Mental Health Consultation
    c. Mental Health Consultation with Groups
4. Planned Change
    a. Influencing Social Change in Community Mental Health
    b. Toward a Psychology of Change and Innovation
    c. Theory and Method in Applying Behavioral Science to Planned Organizational Change
5. Mental Health Manpower
    a. Conceptual Models and Manpower Requirements in Psychology
    b. Strategies and Suggestions for Training Nonprofessionals
6. Program Evaluation and Systems Analysis
    a. Practice, Method, and Theory in Evaluating Social-Action Programs
    b. The Competence Criterion for Mental Health Programs
    c. Models for the Application of Systems Analysis to the Delivery of Mental Health Services
7. The Future
    a. Training for Research in Community Mental Health
    b. Excerpt from: Emerging Areas of Ethical Concern

B. Human Services Resources in the Local Community
    1. Mental Hospital
    2. Mental Retardation Center
    3. Vocational Rehabilitation Center
    4. Alcoholic Rehabilitation Center
    5. Community Mental Health Center
    6. Sheltered Workshop
    7. Day Care Centers
    8. Public Schools
    9. Public Health Department
    10. Department of Social Services
    11. Youth Correctional Center
    12. Community College Counseling Services
    13. Industrial Personnel Officers
    14. General Hospital
    15. Alcoholics Anonymous
    16. Clergy
    17. Boys Club, Boy Scouts, Salvation Army, etc.

IV. Specific Requirements of Course

The specific requirements of this course have been described in the Attendance and Grading Policy of the Mental Health Associate Program. This is a three-hour lecture class which does not require attendance but rather meeting of the behavioral objectives of the course as specified and tested in the posttest for the course. Letter grades are based on percentage of test items correct with optional bonus points added by Instructor for special assignments for out of class and participation in class activities.

V. Bibliography

Coggeshall, John H., Management of Retirement Homes and Long-Term Care Facilities, The C. V. Mosby Company, St. Louis, 1973

Covert, Cathy, Mental Retardation, American Medical Association, 1965

Cross, Jay N., Guide to the Community Control of Alcoholism, The American Public Health Association, New York, 1968

Fann, William E., Goshen, Charles E., The Language of Mental Health, The C. V. Mosby Company, St. Louis, 1973.

Grollman, Earl A., Explaining Divorce to Children, Beacon Press, Boston, 1972.

Hewett, Frank M., The Emotionally Disturbed Child in the Classroom, Allyn and Bacon, Inc., Boston, 1968.

Johnson, Thomas F., Morris, James R., Butts, Joseph G., Renewing America's Cities, The Institute for Social Science Research, Washington, D. C., 1962.

Magoon, Thomas M., Golann, Stuart E., Freeman, Robert W., Mental Health Counselors at Work, Pergamon Press, New York, 1969.

McCarthy, Raymond G., Alcohol Education for Classroom and Community, McGraw-Hill Book Company, New York, 1964.

McCarthy, James J., McCarthy, Joan F., Learning Disabilities, Allyn and Bacon, Inc., Boston, 1969.

McDaniel, James W., Physical Disability and Human Behavior, Pergamon press, New York, 1969.

Odgers, Ruth F., Wenberg, Burness G., Introduction to Health Professions, The C. V. Mosby Company, St. Louis, 1972.

Patterson, Gerald R., Gullion, Elizabeth M., Living With Children, Research Press, Illinois, 1971.

Stone, Helen D., Foster Care in Question, Child Welfare League of American, Inc., New York, 1970.

Sutherland, Robert L., Smith, Bert Kruger, Understanding Mental Health, D. Van Nostrand Company, Inc., New Jersey, 1965.

Mental Health and Teacher Education, The Association for Student Teaching, 1967.

HSA 112, 113, 116, 210, 211, and [illegible]2

GROUP PROCESSES AND DYNAMICS I - VI

I. Description of Course

This course will be the academic equivalent to Human Relations Training I - VI and will involve "games", "exercises", and simulations" that lend themselves to theoretical review and analysis. These games and exercises will take place during the first half of each class period, with review and analysis taking place during the last half of the period.

During the experiential portion of these classes, students will focus on the content relevant to that session while the Instructor focuses on process--intervening when necessary. The instructor will serve as a resource person and discussion coordinator during theoretical review and analysis. Students will deal with this input to earlier process interventions and explanations and interpretations of group dynamics.

These classes are sequenced over 4 quarters of the program. There will be a changing focus from quarter to quarter, beginning with a heavy T-group, here and now, feeling level format by the students and a heavy emphasis by the instructor on processes and facilitative interventions. The focus will progress through various stages until the emphasis during the fourth quarter will be almost totally theoretical exchange through seminar interaction. Experiential data will consist mainly of what students generate while serving as "facilitator" in freshmen groups. There will be a heavy emphasis on theoretical models selected from the literature during these final stages of this sequence.

Each student will be required to attend class for 4 hours each week (1 hr. lecture and 3 hrs. lab.) for eleven weeks each quarter for 6 quarters.) (A total of 264 contact hours for 12 quarter hours credit.)

II. Objectives

The student who has completed these courses should be able to:

A. Display the knowledge, skills, and attitudes concerning the personal and interpersonal parameters of group processes and group dynamics, with emphasis in the following areas:
    1. Knowledge of major, currently acceptable theories of groups.
    2. Skill in serving as a therapeutic change-agent in groups.
    3. Attitudes consistent with therapeutically effective impact in terms of accurate empathy, non-possessive warmth, and genuineness.

B. Place high priority upon the esteem needs of the target person and to respect that person's ability to show autonomous therapeutic progress.

C. Be effective in groups, both as leader and as follower - especially in the problem-solving process.

D. Function at a high level of competence in interpersonal communication skills.

Group will (1) select a relatively unexplored area of human services, (2) review the literature in that area, and (3) prepare a 40-page term paper on that topic.

E. There will be no formal quizzes, tests, or final grades in these classes.

V. Bibliography

A. Abrahamson, Julia. A Neighborhood Finds Itself. New York: Harper, 1959.

B. Argyris, C., Interpersonal Competence and Organizational Effectiveness. Homewood, Illinois: Irwin-Dorsey, 1962.

C. Buber, M., I and Thou. New York: Scribner's, 1958.

D. Chesler, M., and Fox, R., Role Playing in the Classroom. Chicago: Science Research Associates, 1966.

E. Culbert, Samuel A., The Interpersonal Process of Self-Disclosure: It Takes Two to See One. Washington, D. C.: NTL, NEA, 1968.

F. Dyer, W., (ed.) Training Designs for Human Relations Laboratories. Reader Series, Vol. I, Washington, D. C.: NTL, NEA, 1959.

G. Fish, George (ed.) The Frontiers of Management Psychology, New York: Harper & Row, 1964.

H. Garre, W. J., Basic Anxiety: A New Psychobiological Concept. New York: Philosophical Library, 1962.

I. Goffman, E., Encounters, Indianapolis: Bobbs-Merrill, c/o Howard W. Sands & Company, Inc., Publishers, 1961.

J. Haiman, F.S., Group Leadership and Democratic Action, New York: Houghton, Mifflin, 1951.

K. Heider, F., The Psychology of Interpersonal Relations. New York: Wiley, 1958.

L. Human Development Institute. General Relationship Improvement Program, Atlanta: Human Development Institute.

M. Johnson, J. A., Jr., Group Therapy: A Practical Approach. New York: McGraw-Hill, 1963.

N. Kornhauser, A., Mental Health of the Industrial Worker. New York: Wiley, 1965.

O. Lippitt, G. L. (ed.) Leadership in Action. Washington, D. C.: NTL, NEA, 1961.

P. Loomis, C., and Loomis, Zona K. Modern Social Theories, Princeton: Van Nostrand, 1961.

Q. Maier, N. R. F. Principles of Human Relations: Applications to Management. New York: Wiley, 1952.

R. Marrow, A. J. Behind the Executive Mask. New York: American Management Association, 1964.

S. Mayo, E. The Human Problems of an Industrial Civilization. New York: Viking, 1960.

T. Moment, D., and Zaleznik, A. Role Development and Interpersonal Competence. Graduate School of Business Administration, Harvard University, 1963.

U. Paz, Octavio. The Labyrinth of Solitude. New York: Grove Press, 1961.

V. Rokeach, Milton. The Open and Closed Mind. New York: Basic Books 1960.

HSA 114 HUMAN SERVICES INTERVIEWING

I. Description of Course

A study of the purposes, structure, focus, and techniques employed in effective interviewing. Understanding human nature and its effects on interviewing is stressed as well as the interviewer's attitudes.

Laboratory experiences provide opportunities for practice in observation, recording, and summarizing personal histories and case study techniques.

Each student will be required to attend two hours of lecture and three hours of laboratory per week for eleven weeks. (A total of 55 contact hours for three quarter hours credit.)

II. Objectives

The student who has completed this course will be able to:

A. Define interviewing, role of interviewer and interviewee.
B. Understand the nature of the helping process.
C. Use the fact-finding information effectively so as to alter opinions, feelings, and behavior in a therapeutic way.
D. Prepare for the interview and decide when to use the interview.
E. List the major types of interviews and be able to utilize each one.
F. Understand the initial interview, the recording process, the case study, social study, the clinical interview.
G. Use recording equipment such as dictaphone, etc..

III. Outline of Content

A. Aptitude plus training for interviewing.
    1. Art versus science.
    2. Individual initiative.
    3. Imaginative innovations.
    4. Use of various approaches.
B. The nature of interviewing.
    1. Understanding human nature.
    2. Interviewer's attitude.
    3. Purposes of interviewing.
    4. How to interview.
    5. Things to look for in interviewing.
    6. Essential conditions of good interviewing.
C. Use of recording equipment.
    1. Dictaphone.
    2. Tape recorder.
    3. Cassette.
D. Proper use of telephone.
    1. Role phone plays in helping services.
    2. Improvement of voice, diction (use of tele-trainer equipment).

E. Case study
    1. What the case study involves.
    2. How to select information to be included as valid for case study.
    3. How to evaluate it as to its accuracy and reliability.
    4. How to utilize it in making prediction.
F. Utilization of concepts.
    1. The idea of movement.
    2. Understanding ambivalence.
    3. Empathy versus sympathy.
    4. Not disarming the client.
    5. Avoiding self-involvement.
    6. Purposiveness.
G. Social study.
    1. Face sheet.
    2. Initial study.
    3. Work with family.
    4. Closing summary.
H. Supplementary discussion materials.
    1. Nature of helping process (Keith-Lucas).
    2. Resistance: Some implications for casework (Beck).
    3. Aggression (Bach).
    4. Use of anxiety as positive factors (Greving).
    5. Hostility.
    6. Teaching record of case studies.

IV. Specific Requirements of Course.

A. Classwork.
    1. Class participation graded on quality of discussion in seminar-type interaction and responsiveness to laboratory.
    2. Tests and quizzes - functional testing in terms of ability to comprehend lecture, law and other reading materials.
    3. Reports - each student will offer oral reports on journal articles and books pertaining to course subject matter. This will include one article to be read and reviewed in a typed report due at the end of the quarter.
    4. Major projects - (1) One taped interview in which students and patient/or family member/or other student participates in an appropriate situation. This should be 15 to 25 minutes in length. (Permission of client must be secured.) Practice in completing this project will be handled in lab session. (2) One case study or social history in transcribed form. (May be an intake interview or an accompaniment to the major taped interview.)
    5. Final examination - there will be no formal final examination as such in this course.

V. Bibliography

A. Adams, J. Stacy. Interviewing Procedures, The University of North Carolina Press, Chapel Hill, 1958.

B. Aptakar, Herbert H. Basic Concepts in Social Case Work, The University of North Carolina Press, Chapel Hill, 1941.
C. Beck, Edith, "Resistance: Some Implication of Case Work". Social Work Journal.
D. Bingham, Walter Van Dyke and Moore, Bruce Victor. How to Interview. Harper and Row, New York, 1959.
E. Council on Social Work Education, Teaching Record: "The Case of Rose Stein: Counseling a Mentally Retarded Young Woman in a Training Center and Workshop", New York, New York, 1964.
F. Council on Social Work Education, Teaching Record: "A Parent Talks about Her Mentally Retarded Child", New York, New York, 1964.
G. Council on Social Work Education, Teaching Record: Abraham Zintner", New York, New York, 1964.
H. Council on Social Work Education, Teaching Record: "Fay Carson", New York, New York, 1964.
I. Garrett, Annette. Interviewing, Family Service Association of America, 1942.
J. Greving, Frank, "The Use of Anxiety as Positive Factor in Case Work Process", Social Work Journal.
K. Kahn, Robert L. and Cannell, Charles F., The Dynamics of Interviewing, John Wiley and Sons, Inc., New York, 1957.
L. Keith-Lucas, Alan. The Nature of the Helping Process, The University of North Carolina Press, Chapel Hill, 1957.
M. Keith-Lucas, Alan. Some Casework Concepts for the Public Welfare Worker, The University of North Carolina Press, Chapel Hill 1957.
N. Pike, Lillian. Manual on Alcoholism for Social Workers, North Carolina Department of Mental Health, Raleigh, North Carolina, 196
O. Schweinitz, Karl De and Schweinitz, Elizabeth. Interviewing in the Social Services: An Introduction. CSWE and the National Institute for Social Work Training, London, 1962.
P. Younghusband, Eileen. Casework with Families and Children. The University of Chicago Press, Chicago, 1965.

MHA 215 MENTAL HEALTH SEMINAR

I. Description of Course

A review in depth of current issues and trends within the field of mental health. The student is expected to demonstrate in a mature fashion the knowledge and experience gained in his previous study and training in group conferences and oral reports.

This is accomplished by reading assigned materials in the required tests and reviewing supplementary literature on reserve in the library. This material is then discussed in an open forum of members of the mental health teams in the various field placement agencies (e.g., psychiatrists, psychologists, social workers, psychiatric nurses, psychiatric aides, cottage parents, counselors, mental health associates, and others).

Small groups of students will rotate through the various agencies, where each agency supplies its own small group of mental health professionals to serve in the seminar session. Each group of students will spend one hour in each agency for a period of ten weeks interacting with the agency seminar teams. All students and team members will be expected to emphasize discussion on materials assigned for any given week.

Each student will be required to attend class one hour per week, participate in seminar one hour per week, and spend oen hour per week in library research for eleven weeks (a total of 33 contact hours for 3 quarter hours credit.)

II. Objectives

The student who has completed this course will be able to:

A. Function competently as a member of the professional mental health team in a staff-meeting type situation.
B. Describe theoretical roles and functions for mental health associates and delimit practical applications acceptable to local agencies and personnel.
C. Discuss meaningful approaches to meeting manpower needs in the human services as a mental health associate - especially as these relate to needs in local systems.
D. Prepare written research papers (in the basic form of literature reviews) of acceptable quality and present these orally in a manner of effective communication.
E. Identify the "helping" and "holding" forces in the field forces of local agency teams - especially as these relate to the "change agent" function of mental health associates.
F. Prepare a written analysis of #5 and determine sequence of actions for resolution of such a problem.
G. Identify the actual roles and functions of mental health team members who have served on agency seminar teams.

III. Outline of Content

A. Needs of clients.
B. Activities to meet needs of clients.
C. Needs of agencies and institutions.
D. Constraints: legal, institutional, and professional.
E. Mental health needs and directions of change.
F. The community and the community mental health center.
G. Filial therapy.
H. Changing concepts in the training of therapists.
I. The helper therapy principle.
J. Companionship therapy.
K. A theoretical scheme for determining roles of professional and nonprofessional personnel.
L. Strategies and suggestions for training nonprofessionals.
M. Special problems in training the nonprofessional.
N. Varieties of programs using nonprofessionals.
O. Peers as therapeutic agents.
P. Teachers as therapeutic agents.
Q. Parents as therapeutic agents.
R. Functional roles of mental health workers.
S. Possible work activities for various functional roles and levels of workers.
T. Implications for clients, families, communities, workers, agencies, the professions, personnel systems, educational.

IV. Specific Requirements of Course

A. Classwork - to consist of oral presentations on literature reviews and seminar interaction on assigned reading materials; grades are based on instructor's analysis of written reviews and peer group analysis of oral presentation and quality of seminar interaction.
B. Seminars with mental health teams - members of team agencies will grade students on a checklist of behavioral manifestations of personal criteria of knowledge, skills, and attitudes they feel are necessary to success as mental health associates.
C. There will be no formal tests, quizzes, or exams associated with this course.

V. Bibliography

The bibliography for this course will consist almost entirely of current journal articles appropriate to weekly reading assignments. For this reason, there is no formal bibliography associated with this syllabus, since journal articles will be assigned on a weekly basis.

Wayne Community College Mental Health Program, 1974

MHA 241 CRISIS INTERVENTION

I. Description of Course

A study of the nature, extent, consequences and solutions to crisis situations. The focus is on deepening an awareness of individuals as communicators and the kind of skills they possess as human beings that are essential for successful crisis interventions. An attempt is made to instill in each student an awareness of the need for proper or active listening. Actual crisis intervening situations are produced by use of extensive roleplaying to enable students to learn to function in highly stressful environment. Practice is provided by working in the community crisis intervention center with experienced crisis intervention volunteer.

II. Objectives

Students who have completed this course of instruction will be able to function as a staff member of any volunteer crisis intervention center. We will have the ability to recognize a crisis situation and will be able to present meaningful alternatives. He will be able to make intelligent referrals when appropriate.

III. Outline of Content

A. Session 1 - Orientation
B. Session 2 - Crisis Intervention - Theoretical framework
C. Session 3 - Rationale for Crisis Intervention as a Technique
D. Session 4 - Dynamics of the Helping Relationship
E. Session 5 - Discussions of Actual Cases (from records of crisis intervention center)
F. Session 6 - Crisis Intervention Technique
G. Session 7 - Role-Play with Teletrainer Equipment
H. Session 8 - Critique of Role-Play
I. Session 9 - Role-Play with Teletrainer Equipment
J. Session 10- Critique of Role-Play
K. Session 11-Review and Final Examinations

IV. Specific Requirements of Course

A. Two Classroom hours per week
B. Three Lab hours per week

V. Bibliography

Aguilera, D., Messich, J., Farrell, M., *Crisis Intervention Theory and Methodology*.

Berne, E., *Games People Play*

Goffman, E., *The Presentation of Self in Everyday Life*

Putney & Putney, *The Adjusted American*

MHA 249 INTERNSHIP IN MENTAL HEALTH

I. Description of Courses

Progressively deeper involvement in mental health agencies through on-the-job training with emphasis on student-agency, student-patient, student-therapy orientations. To familiarize students with the knowledge and skills of the various members of the helping services team. Field work emphasizes the organizational structure and movement within its framework, especially as these affect functional areas of mental health. This includes knowledge of inter-agency and intra-agency relationships. Students are trained to effectively mobilize the resources of this system to best serve the target population. Techniques of objective observing, recording data, methods of case study; interviewing techniques are practiced. The need for a positive mental health approach and the awareness of contemporary social problems are explored.

Each student will be required to spend thirty-six hours per week at an affiliated mental health agency or institution. (A total of 396 contact hours for 12 quarter hours credit.)

II. Objectives

The student who has completed this course will be able to:

A. Do all routine tasks for personal and medical care of the patient.
B. Serve as a liaison person between other personnel.
C. Supervision.
D. Behavior modification
E. Therapy programs.
F. Coordination, planning, administration of patient programs.
G. Community centered programs.

III. Outline of Content

A. Students are oriented to agency:
    1. Out-lay of physical plant.
    2. Various departments and function of each.
    3. Staff.
B. Student-patient orientation.
    1. Introduction to patient diagnosis.
    2. Basic skills of interviewing, social history taking, family introductions.
    3. Some program planning for patients.
    4. Utilization of concepts applicable to patient interaction.
    5. One to one therapy introduced.
C. Student-therapy orientation.
    1. Wide usage of patient's records.
    2. Introduction to target individuals.
    3. Program planning as to group needs.

INTERNSHIP

______Quarter______

Name of Student____

Agency____

Dates of Visit______________________Time______________

I. Briefly describe the plan proposed for this week's work.

II. Describe exactly what your learning experiences were during this week

V. Relate any comments, points, you feel need further discussion.

VI. If your internship extends beyond one agency per week, please record here each visit's events to other agencies which then can be highlighted in questions I through V.

GENERAL PSYCHOLOGY
(PSY 102)

I. Description of Course

General psychology is designed as a social science course open to students in a variety of technical fields.

II. Objectives

The student will be able to:

A. Discuss the field of psychology and critically evaluate psychological research.
B. Explain the basic principles of the areas of psychology covered in the course and apply these principles to his own life experiences. These general topics are:
    1. Kinds of psychologists and their functions.
    2. Heredity and basic physiology.
    3. Emotional responses.
    4. Perception.
    5. Learning theories and efficiency in learning.
    6. The concept of intelligence and evaluation of intelligence.
    7. Theories of personality and personality evaluation.
    8. Adaptive behavior, frustration and defensive mechanisms.
    9. Disordered behavior, neurotic and psychotic disorders.

III. Level of Achievement

The student will be able to discuss and analyze the material above the 65% level of achievement to receive credit for the course.

IV. Evaluation

The student will be tested by written examination. Questions will include multiple choice, matching, true-false, and essay.

PSY 211 BEHAVIOR MODIFICATION

I. Description of Course

A study of the systematic modification of behavior through learning theory-based techniques. Theoretical principles and applied techniques are integrated into a meaningful model of group and personal variables.

General areas to be covered in this course include an introduction to the field of behavioral therapy, fundamentals of behavioral techniques, data collection, clinical applications of behavioral techniques, and behavioral techniques in a human services setting.

Lecture presentations will be complementary to the practical experience the students will gain in designing and carrying out a behavior modification program with a human services client.

Each student will be required to attend two hours of lecture per week and three hours of lab per week for eleven weeks. (A total of 55 contact hours for 3 quarter hours credit.)

II. Objectives

The student who has completed this course will be able to:

A. Discuss the historical foundations of behavioral therapy.
B. Identify the fundamental concepts of behavioral techniques.
C. Carry out basic data collection including observation, measurement, and plotting of behavior.
D. Describe the basic parameters of clinical applications of behavioral techniques.
E. Write and carry out basic behavior modification programs.
F. Discuss the pros and cons of learning theory-based psychotherapies versus medical-model therapies.

III. Outline of Content

A. Behavioral attitude toward human problems.
B. Two models of conditioning.
C. Basic schedules.
D. Stimulus discrimination.
E. Desensitization.
F. Record keeping and quantification.
G. Record keeping for treatment plans
H. Behavioral techniques and ward routine.
I. Treating odd behaviors.
J. Retardates, psychotic children, and geriatric patients.
K. The leaving patient.
L. Hospital settings.

p. Spence, Kenneth W. Behavior Theory and Conditioning, Yale University Press, New Haven, Conn., 1956.

Q. Ullmann, Leonard P. and Krasner, Leonard A. A Psychological Approach to Abnormal Behavior, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1969.

R. Ullman, Leonard P. and Krasner, Leonard. Case Studies in Behavior Modification, Holt, Rinehart and Winston, Inc., New York, 1965.

S. Whaley, Donald L. and Malott, Richard W. Elementary Principles of Behavior, Edwards Brothers, Ann Arbor, Michigan, 1969.

T. Wolpe, J. Psychotherapy by Reciprocal Inhibition. Stanford, California, 1958.

U. Wolpe, J., Salter, A. and Reyna, L. The Conditioning Therapies, Holt, Rinehart and Winston, Inc., New York, 1966.

V. Wolpe, J. and Lazarus, A. A. Behavior Therapy Techniques. New York: Pergamon, 1966.

PSY 215 BEHAVIOR DISORDERS

I. Description of Course

Elementary etiology and epidemiology of disordered behavior - biophysically, intrapsychically, behaviorally, and phenomenologically. The classic taxonomy is analyzed in light of experimental research.

The central theme of this course is that the behaviors traditionally called abnormal are no different, either quantitatively or qualitatively, in their development and maintenance from other learned behaviors. This course will trace the conceptual, research, and therapeutic implications of not labeling any behavior ipso facto as abnormal or as an indication of "mental illness".

Each student will be required to attend class for three hours each week for eleven weeks. (A total of 33 contact hours for 3 quarter hours credit.)

II. Objectives

The student who has completed this course will be able to:

A. Realize that "abnormality" is nothing more than the sort of deviance that calls for and sanctions the professional attention of psychiatrists, clinical psychologists and other mental health professionals.
B. Realize that abnormality varies from place to place, time to time, and person to person.
C. Realize that a major consequence of the label, "abnormal", is to sanction a type of social control.
D. Realize that disordered behavior is not a physical "disease" and is not to be treated with "medicine" by "medical specialists".
E. Know that human behavior cannot be dichotomized (e.g., normal-abnormal, healthy-sick, adjusted-maladjusted, etc.) but rather can and should be dealt with through a single net of principles.
F. Know that the understanding and control of disordered behavior must derive from three conceptual sources:
    1. the scientific method of investigation.
    2. the social learning concepts derived from psychological experiments.
    3. the specific tasks and experiences with which psychologists have become associated.
F. Recognize and label, for the sake of expediency of acceptance into the system, "abnormal behavior" under the classic system.

III. Outline of Content

A. Defining abnormality.
B. Diagnostic labeling.
C. Scientific method.

J. Janis, Irving L., Mahl, George F., Kagan, Jerome, and Holt, Robert R. Personality: Dynamics, Development and Assessment, Harcourt, Brace and World, Inc., New York, 1969.

K. Kaplan, Bert. The Inner World of Mental Illness, Harper and Row, New York, 1964.

L. Lindzey, Gardner and Hall, Calvin S. Theories of Personality; Primary Sources and Research, John Wiley and Sons, Inc., New York, 1965.

M. London, Perry and Rosenhan, David. Foundations of Abnormal Psychology, Holt, Rinehart and Winston, Inc., New York, 1968.

N. McNeil, Elton B. Neuroses and Personality Disorders, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1970.

O. McNeil, Elton B. The Quiet Furies, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1967.

P. McNeil, Elton B. The Psychoses, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1970.

Q. Millon, Theodore. Modern Psychopathology, W. B. Saunders Company, Philadelphia, Pa., 1969.

R. Millon, Theodore. Theories of Psychopathology, W. B. Saunders Company, Philadelphia, Pa., 1968.

S. Milton, Ohmer and Wahler, Robert G. Behavior Disorders, J. B. Lippincott Company, New York, 1969.

T. Rosen, Ephraim and Gregory, Ian. Abnormal Psychology, W. B. Saunders Company, Philadelphia, Pa., 1969.

U. Rosenhan, David, and London, Perry. Theory and Research in Abnormal Psychology, Holt, Rinehart and Winston, Inc., New York, 1969.

V. Sawrey, James M. and Telford, Charles W. Psychology of Adjustment, Allyn and Bacon, Inc., Boston, Mass., 1968.

W. Schooler, Carmi. Experimental Studies of Schizophrenia, Psychonomic Press, Goleta, California, 1967.

X. Shontz, Franklin. Research Methods in Personality, Appleton-Century-Crofts, New York, 1965.

Y. Stone, Alan A. and Stone, Sue Smart. The Abnormal Personality Through Literature, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1966.

PSY 223 CHEMICAL DEPENDENCY

I. Description of Course

A study of the psychological, physiological, sociological, and historical factors surrounding the use, misuse and abuse of drugs. While theories of causation are considered, main emphasis is placed on procedures, theories and resources involved in the prevention, treatment and rehabilitation of drug abusers. Utilizing lecture and group discussion, the student can examine current research and literature in addition to being involved in ongoing dialogue with other students concerning drug taking behavior. An evaluation of previous programs in drug abuse prevention, treatment and rehabilitation offer the student a chance to develop his individual perspective surrounding his role as a helping professional in the field of drug abuse.

II. Objectives

Students who complete this course will be able to:

1. Identify the legal and illegal drugs according to their physical characteristics
2. Categorize drugs according to the psychological and physiological effects they produce.
3. Discuss the sociological and psychological aspects of the use, mis and abuse of drugs.
4. Describe the legal penalties for the use of illegal drugs.
5. Discuss theoretical motives which lead to drug abuse.
6. Discuss the pharmacological aspects of drug use and abuse.
7. Discuss the role of the helping professional in working with the drug abuse problem.
8. Discuss the utilization of community resources in dealing with the drug abuse problem.
9. Describe and logically evaluate past and present drug abuse prevention and treatment programs.
10. Discuss the history of drug use and its applications to the present philosophies concerning the prevention and treatment of drug abuse.

III. Outline of Content

1. Basic pharmacological considerations surrounding the major categories of drugs.
2. The physiological effects of drugs within the systems of the human body.
3. The history of man's use and abuse of drugs.
4. Present legal aspects of drug prevention and control.
5. A theoretical model of the levels of drug use and their implications in devising prevention and treatment programs.
6. A model for studying the addictive system.
7. The alcoholic system and suggestions for intervention of helping resources.

8. Current and past research involving the rehabilitation of the drug abuser.
9. A theoretical model for offering alternatives to the use of drugs.
10. Procedures involved in current drug use education programs.
11. An evaluation of past and current theory involved with the prevention of drug abuse.
12. The utilization of past and current techniques of treatment and rehabilitation involving the drug abuser and alcoholic.
13. The presentation of a vocabulary of terms involved in the use of drugs.

IV. Specific Requirements of the Course

The specific requirements of this course have been described in the Attendance and Grading Policy of the Mental Health Associate Program. This is a three-hour lecture class which does not require attendance but rather meeting of the behavioral objectives of the course as specified and tested in the posttest for the course. Letter grades are based on percentage of test items correct with optional bonus points added by the instructor for special assignments for out of class participation in class activities.

V. Bibliography

1. Cornacchia, H. J., et. al: Drugs In the Classroom, St. Louis, 1973, The C. V. Mosby Company.

2. Ray, O. S., Drugs, Society and Human Behavior, the C. V. Mosby Company, St. Louis, 1973.

3. Blum, R. H., et. al. Society and Drugs, Jossey-Bass, Inc., San Francisco, 1969.

4. Blum, R. H., et. al. Students and Drugs, Jossey-Bass, Inc., San Francisco, 1969.

PSY 225 PSYCHOLOGICAL TESTING

I. Description of Course

A study of the principles of psychological testing, general intelligence tests, differential testing of abilities, and measurement of personality traits.

A general background in psychological measurement will be offered, including (1) measurement in science, (2) descriptive statistics, (3) correlation, and (4) inferential statistics. The basic concepts and techniques of individual and group differences will be covered, including (1) the early study of individual difference, (2) testing man's abilities, (3) intelligence, and (4) group differences in ability. Personality and its assessment will be considered, along with certain aspects of social behavior, e.g., the nature of attitudes, the measurement of attitudes, and survey research.

Student will be given didactic coverage of major tests used by the agencies in which they have field experiences and in which they will be employed upon graduation. These tests include the WISC and WAIS, the Bender-Gastalt, the House-Tree-Person, and the M.M.P.I. Students will learn to administer, score and interpret these tests, with emphasis being strongest on the former and weakest on the latter.

Each student will be required to attend two hours of lecture per week and three hours of lab per week for eleven weeks. (A total of 55 contact hours for 3 quarter hours credit.)

II. Objectives

The student who has completed this course will be able to:

A. Discuss the nature of scientific measurement.
B. Identify major statistical concepts and use statistical formulas in data collection, analysis, and interpretation.
C. List the major areas of psychological testing and give an example of each type of test.
D. Describe a variety of tests and methods of assessment and give examples of target populations.
E. Administer a battery of key psychological tests and have an understanding of their scoring and interpreting.
F. Discuss the relationship of testing to therapeutic process.

III. Outline of Content

A. Measurement in psychology.
    1. Measurement in science.
    2. Descriptive statistics.
    3. Correlation.
    4. Inferential statistics.

PSY 230 GERONTOLOGY

I. Description Of Course

The study of the aged, the aging process, and treatment of the aged. Drawing from anthropology, anthropometry, sociology, social work, medicine (geriatrics), and psychology.

This course is offered in complementation to a course in Human Growth and Development. They are different courses in terms of mechanics of scheduling, etc., but both are seen as lying on the same continuum--the distance is only relative to specific content topics, e.g., genital maturation versus pulmonary embolism.

An attempt is made to understand the similarities and differences along the life cycle (from conception to death) concerning physiological, psychological, and sociological facotrs. The assets and liabilities of being and becoming aged are examined in the total context of the individual's environments - home, family, neighborhood, community, etc.. Field trips include geriatric and senile wards of a State Mental Hospital and Nursing and Rest Homes.

Each student will be required to attend class for three hours each week for eleven weeks. (A total of 33 contact hours for 3 quarter hours credit.)

II. Objectives

The student who has completed this course will be able to:

A. Realize that the aging process in "normal" and that most changes are not due to "illness" per se and that being old is no way synongmous with being abnormal, sick, or senile.
B. Discuss the physiological, psychological, and sociological concomitants of the aging process.
C. Identify and describe the various categories of the elderly.
D. Understand the theories and techniques of preventing development of unnecessary abnormalities in old age.
E. Identify services available to the aged and describe the process of making such services available to age clients.
F. Identify and describe some basic and prevalent geriatric problems of old age.
G. Discuss useful methods of making old age and retirement meaningful and fulfilling.

III. Outline of Content

A. Old age - normal and abnormal aging.
B. The preventive approach.
C. Work and retirement.
D. Services available for old people.
E. Problems in diagnosis.

INTRODUCTORY SOCIOLOGY
(SOC 101)

I. Description of Course

The Vocational and Technical student will find in Introductory Sociology the principle theories and concepts known to explain human social life from small primary groups to large secondary groups such as bureaucracies and nations-states.

II. Objectives

The student will be able to:

A. Define sociology as a scientific discipline and identify its principle contributors, their contributions, and methods of research.
B. Identify major theories of socialization and relate them to the social structure, recognizing both functional and dysfunctional aspects.
C. Identify the major types of social groups and their functions.
D. Examine and discuss the interlocking relationships between. institutions in a given society.
E. Identify and analyze the major concepts used to account for differences in rural and urban populations.
F. Identify contemporary theories of change and evaluate the interrelationships and tensions between social change and social change and social control.

III. Level of Achievement

The student will be able to discuss, analyze, and relate to the above material at a 70% level to receive credit for this course. Individualized instruction will be available when needed.

IV. Evaluation

The evaluation procedures will involve the student in classroom discussion and four written examinations. Examinations will be a combination of objective and essay questions.

PSY 225

V. Bibliography

A. Anastosi, Anne. Psychological Testing, The Macmillan Company, New York, 1961.

B. Andreas, Burton, G. Experimental Psychology, John Wiley and Sons, Inc., New York, 1960.

C. Arkin, Herbert and Colton, Raymond R. Tables for Statisticians, Barnes and Noble, New York, 1950.

D. Boring, Edwin G. A history of Experimental Psychology, Appleton-Century-Crofts, Inc., New York, 1950.

E. Cronbach, Lee J. Essentials of Psychological Testing, Harper and Row, New York, 1949.

F. Edwards, Allen L. Statistical Methods for the Behavioral Sciences, Holt, Rinehart, and Winston, New York, 1964.

G. Karmel, Louis J. Measurement and Evaluation in the Schools, The Macmillian Company, London, 1970.

H. Hays, William L. Statistics for Psychologists, Holt, Rinehart, and Winston, New York, 1963.

I. Lindzey, Garner and Hall, Calvin S. Theories of Personality, John Wiley & Sons, Inc., New York, 1957.

J. Lindzey, Garner and Hall, Calvin S. Theories of Personality: Primary Sources and Research, John Wiley and Sons, Inc., New York, 1965.

K. Oetting, Eugene R. and Thorton, George C., III. Exercises in Psychological Testing, Harper and Rwo, New York, 1968.

L. Spiegel, Murray R. Theory and Problems of Statistics, McGraw-Hill Book Company, New York, 1961

M. Torgerson, Warren S. Theory and Methods of Scaling, John Wiley and Sons, Inc., New York, 1967.

N. Whittaker, James O. Introduction of Psychology, W. B. Saunders Company, Philadelphia, 1970.

VI. Psychological Tests Used.

A. Bender - Gestalt Test.
B. House-Tree-Person Projective Technique (H-T-P).
C. Minnesota Multiphasic Personality Inventory (MMPI).
D. Wechsler Adult Intelligence Scale (WAIS).
E. Wechsler Intelligence Scale for Children (WISC).

WAYNE COMMUNITY COLLEGE
DEPARTMENTAL TEXTBOOK ORDER FORM

Mental Health Department

1.	AES 200	Alcohol Abuse & Alcoholism: An Introduction McCarthy Drinking and Intoxication 1959 College & University Press	3	0	3
2.	AES 201	Alcoholism Services: Roles and Resources	3	0	3
3.	AES 215	Individual Studies in Alcoholism I	0	3	1
4.	AES 216	Individual Studies in Alcoholism II	0	3	1
5.	AES 217	Individual Studies in Alcoholism III	0	3	1
6.	AES 220	Counseling The Alcoholic Clinebell Understanding and Counseling the Alcoholic 1968 Abingdon Press Dorris, Lindley Counseling On Alcoholism and Related Disorders 1968 Glencoe Press	2	3	3
7.	AES 221	Techniques of Alcohol Education I Brown, Lewis A-V Instructional Materials Manual 1959 McGraw-Hill Lacey Seeing With Feeling 1972 W. B. Saunders Company	2	3	3
8.	AES 222	Techniques of Alcohol Education II Cross Guide to the Community Control of Alcoholism 1968 American Public Health Assoc. McCarthy Alcohol Education for Classroom and Community 1964 McGraw-Hill	2	3	3
9.	AES 223	Rehabilitating the Alcoholic Fisher Behavior Modification in Rehabilitation Facilities 1968 Arkansas Rehab. Res. & Tr. Carkhuff, Berenson Beyond Counseling and Therapy 1967 Holt, Rinehart, Winston Cowley Activity Therapies for Mental Health Workers 1975 WCC	2	3	3
10.	AES 224	Therapy I--Working With the Alcoholic Kaplan, Sadock Comprehensive Group Psychotherapy 1971 Williams & Wilkins Steiner, Claude Games Alcoholics Play 1974 Ballantine Co.	2	3	3
11.	AES 225	Therapy II--Working With the Family of the Alcoholic Zuk Family Therapy and Distrubed Families 1967 Science & Behavior Shipp Helping the Alcoholic and his Family 1963 Prentice-Hall	2	3	3
12.	AES 249	Internship in Alcoholism	0	26	12

13. ENG 101 Grammar 3 0 3
Lewis *Roget's Theasaurus* 1961 Berkeley Press
Smith & Liedlech *From Thought to Theme* 4th Ed. Harcourt, Brace, Jovanvick
Blementhal *English 2600* 4th Ed. Harcourt, Brace, Jovanvick

14. ENG 102 Composition 3 0 3
Blementhal *English 3200* 2nd Ed. Harcourt, Brace, Jovanvick

15. ENG 103 Technical Writing 3 0 3
Fear *Technical Writing* 1973 Random House
Devlin *Business Communication* 1968 Richard D. Irwin

16. HSA 100 Human Services: Introduction & Orientation 2 3 3
Dugger *The New Professional: Intro. for the Human Services/ Mental Health Worker* 1975 Brooks/Cole Publishing Co.
Holler, Delong *Human Services Technology* 1973 C. V. Mosby Co.

17. HSA 108 Human Relations Training I 0 3 1
NTL-Learning Resource Corp. *Laboratories in Human Relations Training* 1971 NTL-Learning Resource Corp.

18. HSA 111 Human Services: Roles and Resources 2 3 3
Fisher, Mehr, Truckenbrod *Human Services* 1974 Alfred Publishing Co.
McPheeters, King *Plans for Teaching Mental Health Workers* 1971 SREB
McPheeters *Roles and Functions for Mental Health Workers* 1969 SREB

19. HSA 112 Group Processes and Dynamics I 1 3 2
Wheeler, Ladd *Interpersonal Influence* 1970 Allyn & Bacon, Inc.
Panzarella *Microcosm* 1972 St. Mary's College Press

20. HSA 113 Group Processes and Dynamics II 1 3 2
Bormann, Bormann *Effective Small Group Communication* 1972 Burgess Pub.

21. HSA 114 Human Services Interviewing 2 3 3
Benjamin *The Helping Interview* 1969 2nd Ed. Houghton Mifflin Co.
Engel and Morgan *Interviewing the Patient* 1973 W. B. Saunders Co. Ltd.
Schulman *Intervention in Human Services* 1974 C. V. Mosby Co.

22. HSA 116 Group Processes and Dynamics III 1 3 2
Benson, Frankson *Arts and Crafts* 1974 C. V. Mosby Co.
Fast *Body Language* 15th ed. M. Evans

23. HSA 118 Human Relations Training II 0 3 1
Luft *Group Processes* 1970 2nd Ed. National Press Books

24. HSA 128 Human Relations Training III 0 3 1
    Luft Of Human Interaction 1969 National Press Books

25. HSA 141 Crisis Intervention 2 3 3
    Burgess, Holmstrom Rape 1974 Robert J. Brady Company
    Resnik, Ruben Emergency Psychiatric Care 1975 Charles Press Pub.

26. HSA 201 Human Services Seminar I 2 0 2
    Fisher, Mehr, Truckenbrod Power, Greed, and Stupidity in the Mental Health Racket The Westminister Press

27. HSA 202 Human Services Seminar II 2 0 2
    Shope Interpersonal Sexuality 1975 W. B. Saunders Co.
    Burt, Meeks Toward A Healthy Sexuality 1973 W. B. Saunders Co.
    Livingood Homosexuality: Final Report and Background Papers 1972 Nat'l Institute of Mental Health

28. HSA 203 Human Services Seminar III 2 0 2
    Creamer The Law of Arrest, Search and Seizure 1975 W. B. Saunders Co.
    Ciba Foundation The Mentally Abnormal Offender 1968 J & A Churchill Ltd.

29. HSA 208 Human Relations Training IV 0 3 1
    Egan Encounter: Group Processes for Interpersonal Growth 1970 Brooks/Cole Publishing Co.

30. HSA 210 Group Processes and Dynamics IV 1 3 2
    Jung, Howard, Emory, Pino Interpersonal Communications 1969 Xicom

31. HSA 211 Group Processes and Dynamics V 1 3 2
    Berne Games People Play 1964 Grove Press, Inc.
    Harris I'm OK--You're OK 1967, 1968, 1969 Harper & Row Publishers

32. HSA 212 Group Processes and Dynamics VI 1 3 2
    Satir Conjoint Family Therapy 1967 Science & Behavior Books, Inc.
    Satir Peoplemaking 1972 Science & Behavior Books, Inc.

33. HSA 218 Human Relations Training V 0 3 1
    Glasser, Sarri, Vinter Individual Change Through Small Groups 1974 The Free Press

34. HSA 228 Human Relations Training VI 0 3 1
    Johnson, Johnson Joining Together 1975 Prentice-Hall, Inc.

35. HSA 249 Internship in Human Services 0 36 12
    Brill Working With People 1973 J. B. Lippincott Company

36. MHA 202 Basic Health Care Technology 2 3 3
    Odgers, Wenberg Introduction to Health Professions 1972 C. V. Mosby Co.

37. MHA 204 Mental Health Seminar I 2 0 2
Robinson Working With the Mentally Ill 1971 4th Ed.
J. B. Lippincott
Golann, Pomerantz, Baker The Bethlehem Diaries 1974 Harper & Row Pub.

38. MHA 205 Counseling Techniques 2 3 3
North, Bennett, Davis Freedom to Choose 1973 Santa Fe Community College

39. MHA 206 Mental Health Seminar II 2 0 2
Cook Community Psychology and Community Mental Health 1970 Holden-Day

40. MHA 207 Individual Therapy Techniques 2 3 3
Gottman, Leiblum How to do Psychotherapy and How to Evaluate It 1974 Holt/Rinehart/Winston

41. MHA 209 Group Therapy Techniques 2 3 3
Kaplan, Sadock Comprehensive Group Psychotherapy 1971 Williams & Wilkins

42. MHA 213 Mental Retardation 2 3 3
Gearheart, Litton The Trainable Retarded 1975 C. V. Mosby Co.

43. MHA 214 Children and Youth Services 2 3 3
Szurek, Berlin The Antisocial Child 1969 Science & Behavior Books
Hewett The Emotionally Disturbed Child in the Classroom 1968 Allyn and Bacon, Inc.
Gearheart Learning Disabilities 1973 The C. V. Mosby Co.

44. MHA 220 Activity Therapies 2 3 3
Cowley Activity Therapies for Mental Health Workers 1975 WCC

45. MHA 249 Internship in Mental Health 0 36 12
Ulett, Goodrich A Synopsis of Contemporary Psychiatry 4th ed. 1969 C. V. Mosby Company

46. ORI 100 Freshman Seminar 1 0 1
Hamacheck Encounters With the Self 1971 Holt, Rinehart, & Winston

47. PSY 102 General Psychology 3 0 3
Cox Psychology 1973 2nd. Ed. W. C. Brown Co.

48. PSY 120 Human Growth and Development 3 0 3
Kaluger & Kaluger Human Development 1974 C. V. Mosby Co.

49. PSY 211 Behavior Modification 2 3 3
Brown, Presbie Behavior Modification Skills Units 1-5 1974 Research Media, Incorporated

50.	PSY 212 Behavioral Therapy Cowley Behavioral Therapy for Mental Health Workers 1975 WCC	2	3	[illegible]
51.	PSY 215 Behavior Disorders Marti Abnormal Psychology 1973 Scott, Foresman	3	0	3
52.	PSY 219 Personality Theory Dicaprio Personality Theories 1974 W. B. Saunders Co.	3	0	3
53.	PSY 220 Learning Theory Whaley, Malott Elementary Principles of Behavior Appleton-Century-Crofts 1971	2	3	3
54.	PSY 222 Exceptionality Kirk Educating Exceptional Children 1972 2nd Ed. Houghton Mifflin Co.	3	0	3
55.	PSY 223 Chemical Dependency Ray Drugs, Society, and Human Behavior 1972 C. V. Mosby Co. Nellis Resource Book for Drug Abuse Education 2nd ed. Nat'l Clearing-house-Drug Abuse	3	0	3
56.	PSY 225 Psychological Test Tyler Tests and Measurements 2nd Ed. Prentice-Hall 1971 Whaley Psychological Testing in the Philosophy of Measurements 1973 Behaviordelia, Inc.	2	3	3
57.	PSY 230 Gerontology Atchley The Social Forces and Later Life 1972 Wadsworth Publishing Co.	3	0	3
58.	SOC 101 Introductory Sociology Stewart & Glynn Introduction to Sociology 1975 2nd Ed. McGraw-Hill	3	0	3
59.	SOC 201 Social Issues Stewart The Troubled Land 1972 1st Ed. McGraw-Hill	3	0	3
60.	SOC 221 The Family Saxton The Individual, Marriage and the Family 2nd Ed. 1972 Wadsworth Publishing Co.	3	0	3

BIBLIOGRAPHY

ABNORMAL PSYCHOLOGY

Abnormal Psychology; College Outline Series

Abnormal Psychology: Current Perspectives
Communications Research Machines, Inc., Del Mar, Calif., 1972.

Berlin, Irvin Norman, Learning and Its Disorders: Clinical Approaches to Problems of Childhood, Science and Behavior Books, Palo Alto, Calif., 1966.

Diagnostic and Statistical Manual fo Mental Disorders, 2d ed., American Psychiatric Association, 1968.

Hewett, Frank M., The Emotionally Disturbed Child in the Classroom, Allyn and Bacon, Inc., Boston, 1968.

Kantor, Robert E., Reactive and Process Schizophrenia, Science and Behavior Books, Palo Alto, Calif., 1966.

London, Perry, and David Rosenhan, Foundations of Abnormal Psychology, Holt, Rinehart and Winston, New York, 1968.

McCarthy, James J., and Joan F. McCarthy, Learning Disabilities, Allyn and Bacon, Inc., Boston, 1969.

McNeil, Elton B., The Psychoses, Prentice-Hall, Inc., 1970.

McNeil, Elton B., The Quiet Furies: Man and Disorders, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1967.

Merin, Joseph H., The Etiology of the Neuroses, Science and Behavior Books, Inc., Palo Alto, Calif., 1966.

Millon, Theodore, Theories of Psychopathology and Personality, 2d ed., W. B. Saunders Company, Philadelphia, 1973.

Milton, Ohmer, and Robert G. Wahler, Exercises for Behavior Disorders: Perspectives and Trends, 2d ed., J. B. Lippincott Company, New York, 1969.

Rosen, Ephraim, and Ian Gregory, Abnormal Psychology, W. B. Saunders and Company, 1965.

Rosenhan, David, and Perry London, Theory and Research in Abnormal Psychology, Holt, Rinehart and Winston, Inc., 1969.

Scheff, Thomas J., Being Mentally Ill: A Sociological Theory, Aldine Publishing Company, 1966.

Shein, Leopold, Anatomy of Eve, Popular Library, New York, 1959.

Scone, Alan A., and Sue Smart Stone, *The Abnormal Personality Through Literature*, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1966.

Szurek, Stanislaus Andrew, *The Antisocial Child: His Family and His Community*, Science and Behavior Books, Palo Alto, Calif., 1969.

Szurek, Stanislaus Andres, *The Antisocial Child*, Science and Behavior Books, Palo Alto, Calif., 1969.

Ulmann, Leonard P., and Leonard Krasner, *A Psychological Approach to Abnormal Behavior*, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1969.

White, Robert W., and Norman F. Watt, *The Abnormal Personality*, 4th ed., The Ronald Press Co., New York, 1973.

ADOPTION AND FOSTER CARE

Committee on Standards for Adoption Service, Child Welfare League of America, New York, 1959.

Committee on Standards for Adoption Service, Child Welfare League of America, New York, 1971.

Fanshel, David, *Dollars and Sense in the Foster Care of Children*, Child Welfare League of American, New York, 1972.

Jaffee, Benson, *How They Fared in Adoption*, Columbia University Press, New York, 1970.

Jaffee, Benson, *New Payment Patterns and the Foster Parent Role:* A Study of two experimental program in Long-term and permanent foster care, Child Welfare League of American, New York, 1970.

Kline, Draza, *Foster Care of Children*, Columbia University Press, New York, 1972.

Lawder, Elizabeth, A., *A Study of Black Adoption Families*, Child Welfare League of America, New York, 1971.

Reistroffer, Mary, *What You Have Always Wanted to Discuss About Foster Care But Didn't Have The Time or the Chance to Bring Up*, Child Welfare League of America, New York, 1971.

Stone, Helen D., *Foster Care in Question:* A National Reassessment by Twenty-one Experts, Child Welfare League of American, New York, 1970.

ALCOHOL AND ALCOHOLISM

Bacon, Margaret, *Teenage Drinking*, T. Y. Crowell Company, New York, 1968.

Cahalan, Don, *American Drinking Practices: A National Study of Drinking Behavior and Attitudes*, College and University Press, New Haven, Conn., 1969.

Clinebell, Howard J., Jr., *Understanding and Counseling the Alcoholic*, Abingdon Press, Nashville, 1968.

Irgens - Jensen, Olav, *Problem Drinking and Personality*, Universitetsforlaget, Oslo, Norway, 1971.

Jellinek, Elvin Morton, *The Disease Concept of Alcoholism*, College and University Press, New Haven, Conn., 1960.

Keller, Mark, *A Dictionary of Words About Alcohol*, Publications Division, Rutgers Center of Alcohol Studies, New Brunswick, N. J., 1968.

Keller, Mark, and Maria Majchrowicz, *Proceedings of the 28th International Congress on Alcohol and Alcoholism*, Washington Program Publications Committee, Washington, D. C., 1968.

Maddox, George L., *Drinking Among Teenagers:* A Sociological Interpretation of Alcohol Use by High School Students, Publications Division, Rutgers Center of Alcohol Studies, New Haven, Conn., 1964.

McCarthy, Raymond Gerald, *Alcohol Education for Classroom and Community*, McGraw-Hill, New York, 1964.

McCarthy, Raymond Gerald, *Drinking and Intoxication*: Selected reading in social attitudes and controls, Publications Division, Yale Center of Alcohol Studies, New Haven, Conn., 1959.

Pittman, David Joshua, *Revolving Door: A Study of the chronic police case inebriate*, Free Press, Glencoe, Ill., 1958.

Pittman, David Joshua, *Society, Culture, and Drinking Patterns*, J. Wiley, New York, 1962.

Plaut, Thomas F. A., *Alcohol Problems: Cooperative Commission on the Study of Alcoholism*, Oxford, University Press, New York, 1967.

Steiner, Claude, *Games Alcoholics Play: The Analysis of Life Scripts*, Grove Press, New York, 1971.

Sundby, Per, *Alcoholism and Mortality*, Universitetsforlaget, Oslo, Norway, 1967.

Washburne, Chandler, *Primitive Drinking: A Study of the uses and functions of alcohol in preliterate societies,* College and University Press, New York, 1961.

ANTHROPOLOGY

Hoebel, E. Adamson, *Anthropology: The Study of Man*, 3d ed., McGraw-Hill Company, New York, 1958.

Beals, Alan R., *Culture in Process*, Holt, Rinehart and Winston, New York, 1967.

Chapple, Eliot D., *Culture and Biological Man*, Holt, Rinehart and Winston, New York, 1970.

Honigmann, John J., *Understanding Culture*, Harper and Row, New York, 1973.

BEHAVIOR THERAPY

Bibliography on Behavior Therapy, Houston: Psychology Service, VA Hospital, Houston, Texas, 1969.

Schaefer, Halmuth H., and Patrick L. Martin, *Behavioral Therapy*, McGraw-Hill Book Co., 1969.

Wolpe, Joseph, *The Practice of Behavior Therapy*, 1st ed., Pergamon Press, New York, 1969.

BIOLOGY

Abramoff, Peter, and Robert G. Thompson, *Laboratory Outlines in Biology*, W. H. Freeman, and Company, San Francisco, 1963.

Hardin, Garrett, *Biology: Its Principles and Implications*, W. H. Freeman and Company, San Francisco, 1972.

CHILDREN AND CHILD WELFARE

Bain, Winifred Elms, *75 Years of Concerns for Children: History of the Association for Childhood Education*, International, Childhood Education International, Washington, 1967.

Berrill, N. J., *The Person in the Womb*, Dodd, Mead and Company, New York, 1968.

Buck, Pearl S., *The Child Who Never Grew*, John Day Company, New York, 1950.

Child Welfare League of America: *Preliminary statement on social work service for children in their own homes*, Child Welfare League of America, New York, 1968.

Committee on Public-Voluntary Agency Relationships, Child Welfare League of America, New York, 1971.

Committee on Revision of CWLA Standards for Services to Unmarried Parents, Child Welfare League of America, New York, 1971.

Committee on Standards for Child Protective Service, Child Welfare League of America, New York, 1960.

Committee on Standards for Homemaker Service, Child Welfare League of America, New York, 1959.

Committee on Standards for Residential Group Care, Child Welfare League of American, New York, 1963.

DeCourcy, Peter, and Judy DeCourcy, A Silent Tragedy: Child Abuse in the Community, Alfred Publishing Company, Elmhurst, Ill., 1973.

Grollman, Earl A., Explaining Divorce to Children, Boston Beacon Press, 1969.

Hartley, Ruth, and Robert M. Goldenson, The Complete Book of Children's Play, Thomas Y. Crowell Co., New York, 1957.

McWhirter, Mary Esther, Games Enjoyed by Children Around the World, American Friends Service Committee, Philadelphia, 1970.

Neill, A. S., Freedom - - Not License!, Hart Publishing Co., Inc., New York, 1966.

Patterson, Gerald R., and M. Elizabeth Gullion, Living With Children: New Methods for Parents and Teachers, Research Press, Champaign, Ill., 1968.

Phillips, Michael H., et. al., Factors Associated with Placement Decisions in Child Welfare, Child Welfare League of American, New York, 1971.

Rapport, Virginia, Learning Centers: Children on Their Own, Association for Childhood Education International, Washington, 1970.

Rapport, Virginia, Association for Childhood Education International: Involvement Bulletin Boards, Association for Childhood Education International, Washington, 1970.

Saltman, Jules, Your New Baby...and You, Grosset and Dunlap, New York, 1966.

Schiff, Jacqui Lee, All My Children, Distributed in Association with Lippincott, Philadelphia, 1970.

Sharp, Evelyn, Thinking Is Childs Play, E. P. Dutton and Company, Inc., New York, 1969.

Source Book of Teaching Materials on the Welfare of Children, Council on Social Work Education, New York, 1969.

Sunderlin, Sylvia, Migrant Children: Their Education, Association for Childhood Education International, Washington, 1971.

CLINICAL PSYCHOLOGY

Adams, Henry E., and William K. Boardman, Advances in Experimental Clinical Psychology, Pergamon Press, New York, 1971.

Berg, Irwin A., and L. A. Pennington, *An Introduction to Clinical Psychology*, Ronald Press Company, New York, 1966.

COMPARATIVE PSYCHOLOGY

Barnett, S. A., *The Rat: A Study in Behaviour*, Aldine Publishing Co., 1963.

Clark, W. E. Le Gros, *History of the Primates*, Chicago University Press, Chicago, 1961.

Kohler, Wolfgang, *The Mentality of Apes*, Vintage Books, New York, 1956.

CORRECTIONS

Cook, Jack, *Rags of Time: A Season in Prison*, Boston, Beacon Press, 1972.

Fenton, Norman, *What Will Be Your Life?* The American Correctional Association, Washington, D. C., 1957.

Guide For Employment Service Counselors In Correctional MDTA Programs,, Rehabilitation Research Foundation, Elmore, Ala.

Manual of Correctional Standards, The American Correctional Association, Washington, D. C., 1966.

Proceedings of the One Hundredth Annual Congress of Correction of the American Correctional Association, The American Correctional Association, Washington, D. C., 1970.

Rehabilitation of the Public Offender: Fifth Institute on Rehabilitation Services, U. S. Department of Health Education and Welfare, Washington, D. C., 1967.

DeReuck, A. V. S., and Ruth Porter, *The Mentally Abnormal Offender*, J. and A. Churchill Ltd., London, 1968.

CRISIS INTERVENTION AND SUICIDE PREVENTION

Ageulera, Donna C., Messick, James M., and Marlene S. Farrell, *Crisis Intervention: Theory and Methodology,* The C. V. Mosby Co., St. Louis, 1970.

Beck, Aaron T., Harvey L. P., and Dan J. Lettieri, *The Prediction of Suicide*, The Charles Press Publishers, Inc., Bowie, Md., 1974.

DAY CARE FOR CHILDREN

Adair, Thelma, and Esther Eckstein, *Parents and the Day Care Center,* Federation of Protestant Welfare Agencies, Inc., New York, 1969.

Boguslawski, Dorothy Beers, *Guide For Establishing and Operating Day Centers for Young Children*, Child Welfare League of America, Inc., New York, 1966.

Cohen, Monroe D., *A Lap to Sit On...and Much More: Reprints from Childhood Education*, Association for Childhood Education International, Washington, D. C., 1971.

Committee on Standards for Day Care, Child Welfare League of America Standards, New York, 1969.

Early Childhood Specialist: A Suggested Two-Year Curriculum, Occupational Education Division, Department of Community Colleges, Raleigh, N. C.

Guide for Establishing and Operating Day Care Centers for Young Children, Child Welfare League of America, New York, 1966.

Neighborhood - Based Child Care Services for the Inner City, Human Services Manpower, Bureau of Employment Security, Illinois, 1971.

DEVELOPMENTAL PSYCHOLOGY

Annual Editions: Readings in Human Development, Dushkin Publishing Group, Inc., Guilford, Conn., 1972.

Bernard, Harold W., *Human Development in Western Culture*, 3rd ed., Allyn and Bacon, Inc., Boston, 1970.

Bernard, Harold W., and Wesley C. Huckins, *Readings in Human Development*, Allyn and Bacon, Inc., Boston, 1967.

Bischof, Ledford, J., *Adult Psychology*, Harper and Row, Publishers, New York, 1969.

Developmental Psychology Today, CRM Books, Del Mar, Calif., 1971.

Endler, Norman S., Lawrence R. Boulter, and Harry Osser, *Contemporary Issues in Developmental Psychology*, Holt, Rinehart and Winston, Inc., New York, 1968.

Gordon, Ira J., *Human Development: Readings in Research*, Scott Foresman and Company, Glenview, Ill., 1965.

Involvement in Developmental Psychology Today, Communications Research Machines, Inc., Del Mar, Calif., 1971.

LeFrancois, Guy R., *Of Children: An Introduction to Child Development*, Wadsworth Publishing Company, Belmont, Calif., 1973.

Maier, Henry W., *Three Theories of Child Development*, Harper and Row, New York, 1965.

Munn, Norman L., The Growth of Human Behavior, Houghton Mifflin Co., Boston, 1974.

Mussen, Paul Henry, John Janeway Conger, and Jerone Kagan, Child Development and Personality, Harper and Row, New York, 1956.

Mussen, Paul Henry, John Janeway Conger, and Jerome Kagan, Readings in Child Development and Personality, Harper and Row, New York, 1965.

Mussen, Paul Henry, John Janeway Conger, and Jerome Kagan, Trends and Issues in Developmental Psychology, Holt, Rinehart and Winston, New York, 1969.

Readings in Developmental Psychology Today, Communications Research Machines, Inc., Del Mar, Calif., 1967.

Saltman, Jules, Teen Love, Teen Marriage, Grosset and Dunlap, New York, 1966.

Stone, L. Joseph, and Joseph Church, Childhood and Adolescence, Random House, New York, 1957.

Stone, L. Joseph, and Joseph Church, Childhood and Adolescence: A Psychology of the Growing Person, Random House, New York, 1957.

DRUGS AND DRUG ABUSE

Cornacchia, Harold J., David J. Bentel, and David E. Smith, Drugs in the Classroom: A Conceptual Model For School Programs, The C. V. Mosby Co., St. Louis, 1973.

Leavitt, Fred, Drugs and Behavior, W. B. Saunders Co., Philadelphia, 1974.

Marijuana and Health: Second Annual Report to Congress From the Secretary of Health, Education and Welfare, U. S. Government Printing Office, Washington, D. C., 1972.

Meyer, Roger E., Guide to Drug Rehabilitation: A Public Health Approach, Beacon Press, Boston, 1972.

Pope, Harrison, Voices from the Drug Culture, Beacon Press, Boston, 1971.

Ray, Oakley S., Drugs, Society, and Human Behavior, The C. V. Mosby Co., 1972.

Resource Book For Drug Abuse Education, 2d ed., U. S. Government Printing Office, Washington, D. C.

The Social Seminar: Education, Drugs and Society, National Institute of Mental Health, Rockville, Maryland, 1972.

Tart, Charles T., On Being Stoned: A Psychological Study of Marijuana Intoxication, Science and Behavior Books, Palo Alto, Calif., 1971.

You, Your Child and Drugs: The Child Study Association of America, The Child Study Press, New York, 1971.

EDUCATIONAL PSYCHOLOGY

Blair, Glenn Myers, Stewart R. Jones, and Ray H. Simpson, Educational Psychology, 2d ed., The MacMillan Company, New York, 1954.

DeCecco, John P., The Psychology of Learning and Instruction; Educational Psychology, Prentice-Hall, Englewood Cliffs, N. J., 1968.

Parker, Ronald K., Readings in Educational Psychology, Allyn and Bacon, Inc., Boston, 1968.

Sawrey, James M., and Charles W. Teeford, Educational Psychology: Psychological Foundations of Education, Allyn and Bacon, Inc., Boston, 1968.

EDUCATION AND TEACHING

Brown, William F., and Wayne H. Holtzman, A Guide to College Survival, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1972.

Cohen, Arthur M., Objectives for College Courses, Glencoe Press, Beverly Hills, 1970.

Freeman, Roger A., Crisis in College Finance? Time for New Solutions, The Institute for Social Science Research, Washington, D. C., 1965.

Freeman, Roger A , Taxes For The Schools, The Institute for Social Science Research, Washington, D. C., 1960.

Green, Thomas F., Work, Leisure, and the American Schools, Random House, New York, 1968.

Griffin, Willis H., and Ralph B. Spence, Cooperative International Education, Association For Supervision and Curriculum Development, NEA.

Kaufman, Bel, Up The Down Stair Case, Avon Books, New York, 1964.

LaFauci, Horatio N., Team Teaching At The College Level, Pergamon Press, New York, 1970.

Leeper, Robert R., Humanizing Education: The Person in the Process, Association for Supervision and Curriculum Development, Dallas, Texas, 1967.

Schrank, Jeffrey, Teaching Human Beings: 101 Subversive Activities For The Classroom, Beacon Press, Boston, 1972.

Scobey, Mary Margaret, To Nurture Humaneness: Commitment for the '70's, ASCI 1970 Yearbook Committee, Washington, 1970.

Snyder, Agnes, Dauntless Women in Childhood Education, Association for Childhood Education International, Washington, 1972.

Watson, Goodwin, Change in School Systems, Published for Cooperative Project for Educational Development by National Training Laboratories, Washington, 1967.

Wilhelms, Fred T., Evaluation As Feedback and Guide, Association for Supervision and Curriculum Development, Washington, D. C., 1970.

EXCEPTIONALITY

Dunn, Lloyd M., Exceptional Children in the Schools, Holt, Rinehart and Winston, New York, 1963.

McDaniel, James W., Physical Disability and Human Behavior, Pergamon Press, New York, 1969.

Telford, Charles W. and James M. Sawrey, The Exceptional Individual, Englewood Cliffs, New York, 1967.

EXPERENTIAL PSYCHOLOGY

Andreas, Buron G., Experimental Psychology, John Wiley and Sons, New York, 1963.

Boring, Edwin G., A History of Experimental Psychology, Appleton, Century-Crofts, New York, 1950.

GROUP THEORY AND PRACTICE - HUMAN RELATIONS TRAINING

Argyle, Michael, The Psychology of Interpersonal Behaviour, Pelican Books, Inc., Baltimore, 1967.

Bach, George R., and Peter Wyden, The Intimate Enemy, Avon Books, New York, 1968.

Back, Kurt W., Beyond Words: The Story of Sensitivity Training and the Encounter Movement, Russell Sage Foundation, New York, 1972.

Berrien, F. K., and Wendell H. Bash, Human Relations: Comments and Cases, Harper and Row, New York, 1951.

Blank, Leonard, Gloria B. Gottsegen, and Monroe G. Gottsegin, Confrontation: Encounters in Self and Interpersonal Awareness, The MacMillan Co., New York, 1971.

Bonner, Hubert, Group Dynamics: Principles and Applications, The Ronald Press Co., New York, 1959.

Bonney, Merl E., Interpersonal Relations and the Challenge of Leadership, The Hogg Foundation for Mental Health, Austin, Texas, 1964.

Bormann, Ernest G., and Nancy C. Bormann, Effective Small Group Communication, Burgess Publishing Co., Minneapolis, 1972.

Bradford, Leland Powers, Group Development, National Education Association, Washington, D. C., 1961.

Bradford, Leland P., et al., T-Group Theory and Laboratory Method, John Wiley and Sons, Inc., New York, 1964.

Burke, W. Warner and Richard Beckhard, Conference Planning, NTL Institute for Applied Behavioral Science, Washington, D. C., 1962.

Burton, Arthur, Encounter: The Theory and Practice of Encounter Groups, Jossey-Bass Inc., San Francisco, 1970.

Burton, Genevieve, Personal, Impersonal, and Interpersonal Relations, 3d ed., Springer Publishing Co., Inc., New York, 1970.

Cathcart, Robert S., and Larry A. Samovar, Small Group Communication: A Reader, William C. Brown Company, Dubuque, Iowa, 1970.

Cooper, C. L., and I. L. Mangham, T-Groups: A Survey of Research, Wiley - Interscience, New York, 1971.

Culbert, Samuel A., The Interpersonal Process of Self Disclosure: It Takes Two to See One, NTL Institute for Applied Behavioral Science, Washington, 1968.

Egan, Gerald, Encounter: Group Processes for Interpersonal Growth, Brooks/Cole Publishing Company, Belmont, Calif.

Eisenstadt, Jeanne Watson, Personality Style and Sociometric Choice, NTL Institute for Applied Behavioral Science, Washington, 1969.

Fast, Julius, Body Language, Pocket Books, New York, 1971.

Feelings and Learning, Association for Childhood Education International, Washington, D. C., 1965.

Forces In Learning: Selected Reading Series Three, NTL Institute for Applied Behavioral Science, Washington, 1961.

Franklin, Richard, Toward The Style of the Community Change Educator, NTL Institute for Applied Behavioral Science, Washington, 1969.

General Relationship Improvement Program, 6th ed., Human Development Institute, Atlanta, Georgia, 1972.

Gibb, C. A., Leadership - Selected Readings, Pengium Books, Inc., Baltimore, Md., 1969.

Glasser, Paul, Rosemary Sarri, and Robert Vinter, *Individual Change Through Small Groups*, The Free Press, New York, 1974.

Goldberg, Carl, *Encounter;* Group *Sensitivity Training Experience*, Science House, Inc., New York, 1970.

Golembiewski, Robert T., and Arthur Blumberg, *Sensitivity Training and the Laboratory Approach*, F. E. Peacock Publishers, Inc., Itasca, Illinois, 1970.

Gordon, William J. J., Synectics - *The Development of Creative Capacity*, Collier Books, New York, 1961.

Gosling R., and et al., *The Use of Small Groups in Training*, Codicote Press, Ltd., Hitchin, England, 1967.

Group Development: Selected Readings Series One, NTL Institute for Applied Behavioral Science, Washington, 1961.

Hall, D. M., *Dynamics of Group Action*, The Interstate Printers and Publishers, Illinois, 1964.

Hamacheck, Don E., *Encounters With The Self*, Holt, Rinehart and Winston, Inc., New York, 1971.

Harrison, Roger, *Problems In The Design and Interpretation of Research on Human Relations Training*, NTL Institute for Applied Behavioral Science, Washington, 1967.

Hein, Piet, *Grooks*, Doubleday and Company, Garden City, 1966.

Hein, Piet, *Grooks 2*, Doubleday and Company, Garden City, 1968.

Houts, Peter S., and Michael Serber, *After The Turn On What?* Research Press Company, Illinois, 1972.

Human Forces In Teaching and Learning, National Training Laboratories, Washington, 1961.

Issues in Training: Selected Reading Series, NTL Institute for Applied Behavioral Science, Washington, 1962.

Jung, Charles et al., *Interpersonal Communications*, Northwest Regional Education Laboratory, Portland, 1971.

Lakin, Martin, *Interpersonal Encounter: Theory and Practice in Sensitivity Training*, McGraw Hill Book Co., New York, 1972.

Lassey, William R., *Leadership and Social Change*, University Associates, Iowa City, 1971.

Leadership in Action, Selected Readings Series Two, NTL Institute for Applied Behavioral Science, Washington, 1961.

Lippitt, Gordon L., *Leadership in Action, National Training Laboratories*, National Education Association, Washington, 1961.

Luft, Joseph, Group Processes: An Introduction to Group Dynamics, National Press Books, Palo Alto, 1963.

Luft, Joseph, Of Human Interaction, National Press Books, Palo Alto, 1969.

Malamud, Daniel I., Toward Self-Understanding, Group Techniques In Self-Confrontation, Charles C. Thomas Publisher, Sprinfield, 1965.

Mann, John, Encounter: A Weekend With Intimate Strangers, Pocket Book, New York, 1971.

Mill, Cyril R., Selections From Human Relations Training News, NTL Institute for Applied Behavioral Science, Washington, 1969.

Napier, Rodney W., and Matti K. Gershenfild, Groups: Theory and Experience, Houghton Mifflin Co., Boston, 1973.

Nylen, Donald, et al., Handbook of Staff Development and Human Relations Training: Materials Developed for Use in Africa, NTL Institute for Applied Behavioral Science, Washington, 1967.

Otto, Herbert A., and John Mann, Ways of Growth, The Viking Press, New York, 1968.

Panzarella, Andrew, Microcosm: A Radical Experiment in Re-Education for Becoming A Person, St. Mary's College Press, Winnoa, Minn., 1972.

Pfeiffer, J. William, and John E. Jones, A Handbook of Structured Experiences for Human Relations Training, University Associates Press, Iowa City, 1970.

Pfeiffer, J. William, and Richard Heslin, Instrumentation in Human Relations Training, University Associates, Iowa City, 1973.

Poland, Ronal G., Human Experience: A Psychology of Growth, C. V. Mosby Co., St. Louis, 1974.

Prather, Hugh, Notes to Myself: My Struggle to Become A Person, Real People Press, Moab, Utah, 1970.

A Problem-Solving Program for Defining a Problem and Planning Action, NTL Learning Resources Corporation, Washington, 1969.

Rainman, Eva Schindler, and Ronald Lippitt, The Volunteer Community: Creative Use of Human Resources, NTL Institute for Applied Behavioral Science, Washington, 1971.

Rogers, Carl R., Carl Rogers on Encounter Groups, Harper and Row, New York, 1970.

Rogers, Carl R., On Becoming A Person: A Therapist's View of Psychotherapy, Houghton Mifflin Co., Boston, 1961.

Rogers, Carl R., and Barry Stevens, *Person to Person: The Problem of Being Human-A New Trend in Psychology*, Real People Press, Lafayette, California, 1967.

Satir, Virginia, *Conjoint Family Therapy*, Science and Behavior Books, Inc., Palo Alto, 1967.

Schultz, William C., *Here Comes Everybody*, Harper and Row, Publishers, New York, 1971.

Schutz, William C., *Joy - Expanding Human Awareness*, Grove Press, Inc., New York, 1967.

Siegman, Aron Wolfe, and Benjamin Pope, *Studies in Dyadic Communication*, Pergamon Press, New York, 1972.

Siroka, Robert W., et al., *Sensitivity Training and Group Encounter: An Introduction*, Grosset & Dunlap, New York, 1971.

Solomon, Lawrence N., *New Perspectives on Encounter Groups*, Jossey-Bass Inc., San Francisco, 1972.

Steiner, Claude, *Games Alcoholics Play: The Analysis of Life Scripts*, Grove Press, Inc., New York, 1971.

Stevens, John O., *Awareness: Exploring, Experimenting. Experiencing*, Real People Press, Moab, Utah, 1971.

Szurek, Stanislaus Andres, *Training In Therapeutic Work With Children*, Science and Behavior Books, Palo Alto, Calif., 1967.

Thompson, Shelia, and J. H. Kahn, *The Group Process As A Helping Technique*, Pergamon Press, New York, 1970.

Watson, Goodwin, *Change in School System*, NTL Institute for Applied Behavioral Science, Washington, 1967.

Watson, Goodwin, *Concepts For Social Change*, NTL Institute for Applied Behavioral Science, Washington, 1967.

Weschler, Irvin R., *Issues in Human Relations Training*, National Education Association, Washington, 1962.

Wheeler, Ladd, *Interperson Influence*, Allyn and Bacon, Inc., Boston, 1970.

Yalom, Irvin D., and Morton A. Lieberman, *A Study of Encounter Group Casualties.*

HEALTH, ALLIED HEALTH, MEDICINE

Allied Medical Education Directory, Council on Medical Education, American Medical Association, 1973.

Community Organization for Allied Health Manpower, Human Services Manpower Career Center, Bureau of Employment Security, Chicago, Illinois.

Hanlon, John J., *Public Health: Administration and Practice*, 6th ed., The C. V. Mosby Co., St. Louis, 1974.

Odgers, Ruth F., and Burness G. Wenberg, *Introduction to Health Professions*, The C. V. Mosby Co., St. Louis, 1972.

Physicians' Assistants, Guidelines Suggested for Their Recruitment, Training and Utilization in Illinois, State Inter-Agency Task Force on Health Manpower and the Interim Organization for Chicago Area Allied Health Manpower.

Research in the Service of Man: Biomedical, Knowledge, Development, and Use, U. S. Government Printing Office, Washington, D. C., 1967.

Wolstenhome, G. E. W., and Maeve O'Connor, *Alzheimer's Disease and Related Conditions*, A Ciba Foundation Symposium, J. and A. Churchill, London, 1970.

HISTORY AND SYSTEMS

Herrnstein, Richard J., and Edwin G. Boring, *A Source in the History of Psychology*, Howard University Press, Cambridge, Mass., 1966.

Marx, Melvin H., and William A. Hillix, *Systems and Theories in Psychology*, McGraw Hill, New York, 1963.

HUMAN PSYCHOLOGY - INDIVIDUAL PSYCHOLOGY

Berelson, Bernard, and Gary A. Steiner, *Human Behavior: Storter Edition*, Harcourt, Brace and World, Inc., New York, 1964.

Combs, Arthur W., and Donald Snygg, *Individual Behavior: A Perceptual Approach to Behavior*, Harper and Row, New York, 1959.

Howard, Robert, *Human Psychology: Experiments in Awareness*, Westinghouse Learning Press, Palo Alto, Calif., 1972.

Rokeach, Milton, *Beliefs, Attitudes, and Values: A Theory of Organization and Change*, 1st ed., Jossey-Bass, San Francisco, 1968.

Schwebel, Milton, *Behavioral Science and Human Survival*, Science and Behavior Books, Palo Alto, Calif., 1965.

HUMAN SERVICES

Fisher, Walter, Joseph Mehr, and Philip Truckenbrod, *Human Services: The Third Revolution in Mental Health*, Alfred Publishing Co., New York, 1974.

Holler, Roland F., and George M. DeLong, Human Services Technology, C. V. Mosby Company, St. Louis, 1973.

North, Robert W., Cathy Bennett, and Betsy S. Davis, Freedom To Choose: A Training Manual for Human Services Personnel, Santa Fe Community College, Gainesville, Fla., 1973.

Schulman, Eveline D., Intervention in Human Services, C. V. Mosby Co., St. Louis, 1974.

INDUSTRIAL PSYCHOLOGY

Beckhard, Richard, Organizational Development: Strategies and Models, Addison - Wesley Publishing Co., Reading, Mass., 1969.

Bennis, Warren G., Organizational Development: It's Nature, Origins, and Prospects, Addison - Wesley Publishing Company, Reading, Mass., 1969.

Blake, Robert R., Herbert A. Shepard, and Jane S. Mouton, Managing Intergroups Conflict in Industry, Gulf Publishing Co., Houston, Texas, 1964.

Campbell, John P., Marvin D. Dunnette, Edward E. Lawler, and Karl E. Weick, Managerial Behavior, Performance, and Effectiveness, McGraw-Hill Co., New York, 1970.

DuBrin, Andrew J., The Practice of Managerial Psychology, Pergamon Press, Inc., New York, 1972.

Lawrence, Paul R., and Jay W. Lorslh, Developing Organizations: Diagnosis and Action, Addison - Wesley Publishing Co., Reading, Mass., 1969.

Schein, Edgar H., Process Consultation: Its Role in Organization Development, Addison - Wesley Publishing Co., Reading Mass., 1969.

Schultz, Duane P., Psychology and Industry, The MacMillan Co., London, 1970.

Taylor, Calvin W., Climate for Creativity, Pergamon Press, New York, 1972.

Whyte, William H., The Organization Man, Doubleday and Company, Inc., Garden City, New York, 1956.

INFORMATION PROCESSING

Bourne, Lyle E., Bruce R. Erstand, and Roger L. Dominowski, The Psychology of Thinking, Prentice-Hall, Inc., Englewood Cliffs, New York, 1971.

Deese, James, Psycholinguistics, Allyn and Bacon, Inc., Boston, 1970.

Fabun, Don, Communications: The Transfer of Meaning, Glencoe Press, Beverly Hills, Calif., 1960.

Norman, Donald A., Memory and Attention; An Introduction To Human Information Processing, John Wiley and Sons, Inc., New York, 1969.

Pepinsky, Harold B., People and Information, Pergamon Press, New York, 1970.

INTERVIEWING

Benjamin, Alfred, The Helping Interview, 2d ed., Houghton Mifflin Company, Boston, 1969.

Fenlason, Anne F., Essentials in Interviewing, Harper and Row, New York, 1952.

Froelich, Robert E., and F. Marian Bishop, Medical Interviewing: A Programmed Manual, The C. V. Mosby Co., St. Louis, 1972.

LEARNING THEORY - BEHAVIOR MODIFICATION

Ayllon, Theodoro, and Nathan Agrin, The Token Economy: A Motivational System for Therapy and Rehabilitation, Appleton - Centruy - Crofts, New York, 1968.

Arkava, Morton L., Behavior Modification; A Procedural Guide for Social Workers, University of Montana, Missoula, Montana, 1973.

Becker, Wesley C., Parents Are Teachers, Research Press Co., Champaign, Ill., 1971.

Beecroft, Robert S., Classical Conditioning, Psychonomic Press, Goleta, Calif., 1966.

Behavior Modification in Rehabilitation Facilities, An Education Resource Manual Developed From A Seminar, Hot Springs, Arkansas, 1968.

Brethower, Dale M., Behavioral Analysis in Business and Industry: A Total Performance System, Behaviordelia, Inc., Kalamazoo, Mich., 1972.

Brown, Daniel G., A Selected Bibliography on Operant Conditioning, Behavioral Analysis and Token Economics, National Institute of Mental Health, Region IV, Atlanta, Ga., 1968.

Contingency Management in Education, Behaviordelia, Inc., Kalamazoo, Mich., 1971.

Deese, James, The Psychology of Learning, McGraw-Hill Book Co., New York, 1958.

Eddy, William B., W. Warner Burke, Vladimir A. Dupre, and Oron P. South, Behavioral Science and the Managers Role, NTL Institute for Applied Behavioral Science, Washington, D. C., 1969.

Ellis, Henry C., The Transfer of Learning, The MacMillan Co., New York, 1965.

Freedman, Anne E., The Planned Society: An Analysis of Skinners Proposals, Behaviordelia, Inc., Kalamazoo, Mich., 1972.

Hall, John F., The Psychology of Learning, J. B. Lippincott Co., Philadelphia, 1966.

Homme, Lloyd, and Donald Foste, Behavior Technology: Motivation and Contingency Management, Individual Learning Systems, Inc., San Rafael, Calif., 1971.

Homme, Lloyd, and David J. Klaus, Laboratory Studies on the Analysis of Behavior, Westinghouse Learning Corp., New York, 1957.

How I Learned To Relate To My Laboratory: Rat Through Humanistic Behaviorism, 2d ed., Behaviordelia, Inc., Kalamazoo, Mich., 1972.

Krasner, Leonard, and Leonard P. Ullmann, Research In Behavior Modification, Holt, Rinehart and Winston, New York, 1968.

Lieberman, David A., Learning and the Control of Behavior: Some Principles, Theories, and Applications of Classical and Operant Conditioning, Holt, Rinehart, and Winston, Inc., New York, 1974.

Malott, Richard W., Humanistic Behaviorism and Social Psychology, Behaviordelia, Inc., Kalamazoon, Mich., 1973.

McGinnies, Elliott, and C. B. Ferster, The Reinforcement of Social Behavior, Houghton and Mifflin Co., Boston, 1971.

Montogomery, Jacqueline and Raymond D. McBurney, Operant Conditioning Token Economy, Child Health and Human Development Center, Camarello, Calif., 1970.

Neisworth, John T., and Robert M. Smith, Modifying Retarded Behavior, Houghton Mifflin Co., Boston, 1973.

Reese, Daniel G., and Richard M. Woolfenden, Conceptual Applications of Elementary Principles of Behavior Behaviordelia, Inc., Kalamazoo, Mich., 1973.

Reynolds, G. S., A Primer of Operant Conditioning, Scott, Foresman and Company, Glenview, Ill., 1968.

Richard, Henry C., Behavioral Intervention In Human Problems, Pergamon Press, New York, 1971.

Skinner, B. J., About Behaviorism, Alfred A. Knopf, New York, 1974.

Skinner, B. F., Beyond Freedom and Dignity, Bantam Books, New York, 1971.

Spence, Kenneth W., Behavior Theory and Conditioning, Yale University Press, New Haven, Conn., 1956.

Ulrich, Roger, Thomas Stachnik, and John Mabry, *Control of Human Behavior: From Cure to Prevention*, Vol. II., Scott, Foresman and Co., Glenview, Ill., 1970.

MENTAL HEALTH

Cook, Patrick E., *Community Psychology and Community Mental Health*, Holden-Day, San Francisco, 1970.

Fann, William E., and Charles E. Goshen, *The Language of Mental Health*, The C. V. Mosby Company, St. Louis, 1973.

Mental Health and Learning: When Community Mental Health Centers and School Systems Collaborate, U. S. Office of Education and The National Institute of Mental Health.

Mental Health Planning Conference for the Spanish Speaking, National Institute of Mental Health, Rockville, Md., 1972.

Parker, Pauline E., and Barry D. Terranova, *Indirect Services; The Bridge Between Mental Illness and Mental Health*, Department of Mental Hygiene, Sacramento, Calif., 1969.

Robinson, Alice M., *Working With The Mentally Ill*, 4th ed., J. B. Lippencott Co., Philadelphia, 1971.

Sutherland, Robert Lee, *Understanding Mental Health, A Common Need, A Less Frequent Achievement,* Publications of the Hogg Foundation, Princeton, N. J., 1965.

Volunteers In Community Mental Health, Public Health Service Publication, National Institute of Mental Health.

Waetjen Walter B., and Robert R. Leeper, *Learning and Mental In The School,* Association for Supervision and Curriculum Development, Washington, D. C., 1966.

Wayne County Agency Information Directory, Wayne County Inter-Agency Council, Wayne County, N. C.

The Welfare System and Mental Health, *Group For The Advancement of* Psychiatry, 1973.

MENTAL HEALTH ASSOCIATES

The Community College In Mental Health Training, Southern Regional Education Board, Atlanta.

Community College Mental Health Worker Program In The South, Southern Regional Education Board, Status Report, 1970.

The Creation Of A Discipline: Mental Level Mental Health Workers: A Project Report, Southern Regional Education Board, Atlanta.

Guerney, Bernard G., Jr., Psychotherapeutic Agents: New Roles For Nonprofessionals, Parents, and Teachers, Holt, Rinehart and Winston, Inc., New York, 1969.

Mental Health Associate: A Suggested Two-Year Curriculum, N. C. Department of Community Colleges, Raleigh, 1973.

Middle Level Mental Health Workers: Community College Curriculum Objectives, Southern Regional Education Board, Atlanta, 1973.

Plans for Teaching Health Workers: Community College Curriculum Objectives, Southern Regional Education Board, Atlanta, 1971.

Proceedings - National Faculty Development Conference, Southern Regional Education Board, Atlanta, 1971.

Roles and Functions For Mental Health Workers, A Report of a Symposium, Southern Regional Education Board, Atlanta, 1969.

MENTAL RETARDATION

Adams, Margaret, Mental Retardation and Its Social Dimensions, Columbia University Press, New York, 1971.

Covert, Cathy, Mental Retardation: A Handbook For The Primary Physician, Journal of American Medical Association, 1965.

Robinson, Halbert B., and Nancy M. Robinson, The Mentally Retarded Child: A Psychological Approach, McGraw-Hill Book, Co., New York, 1965.

Smith, Robert M., Clinical Teaching, Methods of Instruction for the Retarded, McGraw-Hill Book Co., New York, 1968.

MARRIAGE AND THE FAMILY

Elliott, Katherine, The Family and Its Future, A Ciba Foundation Symposium, J and A Churchill, London, 1970.

Hubbard, Charles William, Family Planning Education, C. V. Mosby Co., St. Louis, 1973.

Improving Communication In Marriage, 5th ed., Human Development Institute, Chicago, Illinois, 1971.

Jackson, Don D., Communication, Family and Marriage, Science and Behavior Books, Inc., Palo Alto, Calif., 1968.

The Joys and Sorrows of Parenthood, Group For the Advancement of Psychiatry, New York, 1973.

Kephart, William M., The Family, Society and The Individual, Houghton Miffin Co., Boston, 1961.

McCalister, Donald V., Victor Thiessen, and Margaret McDermott, Readings in Family Planning: A Challenge To The Health Professions, C. V. Mosby Co., St. Louis, 1973.

Winter, William D., Research In Family Interaction: Readings and Commentary, Science and Behavior Books, Palo Alto, Calif., 1969.

MOTIVATION

Champion, R. A., Learning and Activation, John Wiley and Sons, Inc., New York, 1969.

Coffer, Charles N., and Mortimer H. Appley, Motivation: Theory and Research, John Wiley and Sons, New York, 1964.

McClelland, David C., and Robert S. Steele, Motivation Workshops: A Student Workbook For Experiential Learning In Human Motivation, General Learning Press, New York, 1972.

Teevan, Richard C., and Robert C. Berney, Theories of Motivation In Personality and Social Psychology, D. Van Nostrand Company, Princeton, N. J., 1964.

PERSONALITY

DiCaprio, Nicholas S., Personality Theories: Guides To Living, W. B. Saunders Co., Philadelphia, 1974.

Endleman, Robert, Personality and Social Life, Random House, New York, 1967.

Hall, Calvin S., and Barner Lindzey, Theories of Personality, John Wiley and Sons, Inc., New York, 1967.

Luscher, Max, The Luscher Color Test, Pocket Books, New York, 1971.

Mancuso, James C., Readings for a Cognitive Theory of Personality, Holt Rinehart and Winston Co., New York, 1970.

Rychlak, Joseph F., Introduction To Personality and Psychotherapy, Houghton Mifflin Co., Boston, 1973.

Shontz, Franklin C., Research Methods In Personality, Appleton - Century - Crofts, New York, 1965.

PHYSIOLOGICAL PSYCHOLOGY

Brazier, Mary A. B., Brain and Behavior, Vol, 2, The Internal Environment and Alimentary Behavior, American Institute of Biological Sciences, Washington, D. C., 1962.

Imi - Grolier, *Fundamentals of Human Physiology*, Imi - Grolier Programmed Textbook, Inc., New York.

Gardner, Ernest, *Fundamentals of Neurology*, W. B. Saunders Co., Philadelphia, 1963.

Gardner, Weston D., and William A. Osburn, *Structure of the Human Body*, W. B. Saunders Co., Philadelphia, 1973.

Leukel, Francis, *Introduction To Physiological Psychology*, C. V. Mosby Co., St. Louis, 1968.

Milner, Peter M., *Physiological Psychology*, Holt, Rinehart and Winston, New York, 1970.

Morgan, Clifford T., *Physiological Psychology*, McGraw Hill Book Co., New York, 1965.

Sidman, Richard L., and Murray Sidman, *Neuroanatomy, A Programmed Test*, Vol. I, Little Brown and Co., Boston, 1965.

Steen, Edwin B., and Ashley Montague, *Anatomy and Physiology*, Vol. II, Barnes and Noble, Inc., New York, 1959.

Thomposn, Richard F., *Foundations of Physiological Psychology*, Harper and Row, New York, 1967.

Wooldridge, Dean E., *The Machinery of the Brain*, McGraw-Hill Book Co., Inc., New York, 1963.

PROGRAMMED INSTRUCTION

The Draper Report: A Systematic Approach To The Use Of Programmed Instruction, Vol. III.

It's Up To You!, A Mini-Course in Individualized Instruction, Individualized Learning Systems, Inc., San Rafael, Calif., 1973.

Johnson, Stuart R., and Rita B. Johnson, *Developing Individualized Instructional Material*, Westinghouse Learning Press, Palo Alto, Calif., 1970.

Stokes, Allen W., *Animal Behavior in Laboratory and Field*, W. H. Freeman and Co., San Francisco, 1968.

PSYCHIATRY

Kolb, Lawrence C., *Modern Clinical Psychiatry*, 8th ed., W. B. Saunders Co., Philadelphia, 1973.

Misuse of Psychiatry In The Criminal Courts: Competency To Stand Trial, Group For The Advancement of Psychiatry, New York, 1974.

Problems of Psychiatric Leadership, Group for the Advancement of Psychiatry, New York, 1974.

Sullivan, Harry Stack, *The Beginning of Modern American Psychiatry*, Houghton Miffin Co., Boston, 1973.

Ulett, George A., and D. Wells Goodrich, *A Synopsis of Contemporary Psychiatry*, C. V. Mosby Co., St. Louis, 1969.

The VIP With Psychiatric Impairment, Group For The Advancement of Psychiatry, New York, 1973.

PSYCHOLOGY - GENERAL, INTRODUCTORY

Bartz, Wayne H., *Readings In General Psychology*, Allyn and Bacon, Inc., Boston, 1968.

Bourne, Lyle E., and Bruce R. Ekstrand, *Psychology: Its Principles and Meanings*, The Dryden Press, Hinsdale, Ill., 1973.

Coleman, James C., *Psychology and Effective Behavior*, Scott, Foresman and Co., Glenview, Ill., 1969.

Deese, James, *General Psychology*, Allyn and Bacon, Inc., Boston, 1967.

DeGrazia, Alfred, Rollo, E. C. Harwood, and Paul Kurtz, *The Behavioral Sciences:* Essays In Honor of George A. Lundberg, The Behavioral Research Council, Great Barrington, Mass., 1968.

Dember, William N., and James J. Jenkins, *General Psychology - Modeling Behavior and Experience*, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1970.

Elliott, Richard M., Gardner Lindzey, and Kenneth Mac Corquodale, *Basic Psychology*, Appleton - Century-Crofts, New York, 1968.

Fincher, Cameron, *A Preface To Psychology*, Harper and Row, New York, 1964.

Frontiers Of Psychological Research Readings From Scientific American, W. H. Freeman, and Co., San Francisco, 1948.

Fryer, Douglas H., Edwin R. Henry, and Charles P. Sparks, *General Psychology:* College Outline Series, Barnes and Noble, Inc., New York, 1954.

Gilmer, B. Von Haller, *Psychology*, Harper and Row, Publishers, New York, 1970.

Greenbaum, Richard, and Harvey A. Tilker, *The Challenge of Psychology*, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1972.

Handy, Rollo, and Paul Kurtz, *A Current Appraisal of the Behavioral Sciences*, Behavioral Research Council, Great Barrington, Mass., 1964.

Heckel, Robert V., and Lelon J. Peacock, *Textbook of General Psychology*, The C. V. Mosby Co., St. Louis, 1966.

Hepner, Harry Walker, Psychology - *Applied To Life and Work*, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1966.

Hilgard, Ernest R., and Richard C. Atkinson, *Introduction To Psychology*, Harcourt, Brace and World, Inc., New York, 1967.

Hill, Winfred F., *Psychology: Principles and Problems*, L. B. Lippencott, Co., Philadelphia, 1970.

Introductory Psychology, 2nd ed., Individual Learning Systems, San Rafael, Calif.

Involvement In Psychology Today, CRM Books, Del Mar, Calif., 1972.

Krech, David, Richard S. Crutchfield, and Norman Livson, *Elements Of Psychology*, Alfred A. Knopf, New York, 1974.

McKeachie, Wilbert James, and Charlotte Lackner Doyle, *Psychology*, 2d ed., Addison - Wesley Publishing Co., Reading, Mass., 1970.

McMahon, Frank B., *Psychology: Perspectives On The Hybrid Science*, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1972.

Miller, George A., *Psychology* - *The Science of Mental Health*, Harper and Row, New York, 1962.

Morgan, Richard L., *Psychology: An Individualized Course*, Westinghouse Learning Press, Palo Alto, Calif., 1972.

Munn, Norman L., *Psychology: The Fundamentals of Human Adjustment*, Houghton Mifflin Co., Boston, 1966.

Pronko, N. H., *Panorama of Psychology*, Brooks/Cole Publishing Co., Belmont, Calif., 1969.

Readings In Psychology Today, 2d ed., CRM Books, Del Mar, Calif., 1972.

Ruch, Floyd L., *Psychology and Life,* 7th ed., Scott, Foresman and Company, Glenview, Ill., 1963.

Silverman, Robert E., *Psychology*, Appleton - Century - Croft, New York, 1971.

Teevan, Richard C., *Readings In Introductory Psychology*, Burgess Publishing Company, Minneapolis, Minn., 1973.

Understanding Psychology, Communications Research Machines, Del Mar, Calif., 1974.

Wallace, John, *Psychology: A Social Science*, W. B. Saunders Co., Philadelphia, 1972.

Whittaker, James O., Introduction To Psychology, W. B. Saunders Co., Philadelphia, 1965.

PSYCHOANALYSIS

Fodor, Nandor, and Frank Gaynor, Frued: Dictionary of Psychoanalysis, Fawcett Publications, Inc., Greenwick, Conn., 1958.

Freud, Sigmund, Civilization and Its Discontents, W. W. Norton and Co., Inc., New York, 1961.

Frued, Sigmund, A General Introduction To Psychoanalysis, Washington Square Press, Inc., New York, 1920.

Freud, Sigmund, Psychopathology of Everyday Life, Menton Books, New York, 1951.

PSYCHOBIOLOGY

Gellhorn, Ernest, Biological Foundations of Emotion: Research and Commentary, Scott, Foresman and Company, Glenview, Ill., 1968.

Psychobiology: The Biological Bases of Behavior: Readings From Scientific American, W. H. Freeman and Co., San Francisco, 1967.

REHABILITATION

Rehabilitation Research and Practice Journal, Vol. I., Arkansas Rehabilitation Research and Training Center, 1968.

Towers, Vilda Rose, Selection, Training and Utilization of Supportive Personnel in Rehabilitative Facilities, Hot Springs, Ark., 1966.

SENSATION AND PERCEPTION

Bekesy, George Van, Sensory Inhibition, Princeton University Press, Princeton, N. J., 1967.

Corso, John F., The Experimental Psychology of Sensory Behavior, Holt, Rinehart, and Winston, New York, 1967.

Day, R. H., Human Perception, John Wiley and Sons, Inc., New York, 1969.

Dember, William N., The Psychology of Perception, Holt, Rinehart, and Winston, New York, 1960.

Geldard, Frank A., The Human Senses, John Wiley and Sons, New York, 1953.

Gibson, James J., The Senses Considered As Perceptual Systems, Houghton Mifflin and Company, New York, 1966.

Haber, Ralph Norman, Information - Processing Approaches To Visual Perception, Holt, Rinehart, and Winston, New York, 1969.

SEX

Assessment of Sexual Function: A Guide To Interviewing, Group for the Advancement of Psychiatry, New York, 1973.

Burgess, Ann Wolbert, and Lynda Lytle Holmstrong, *Rape: Victims of Crisis*, Robert J. Brady Co., Bowie, Md., 1974.

Carter, Carol Sue, *Hormones and Sexual Behavior*, Dowden, Hutchinson and Ross, Inc., Stroudsburg, Pa., 1974.

Graham, Katrina Maxtone, *Pregnant By Mistake*, Liveright, New York, 1973.

Homosexuality: Final Report and Background Papers, National Institute of Mental Health, Rockville, Md., 1972.

Human Reproduction, Group For The Advancement of Psychiatry, New York, 1973.

Kaplan, Helen Singer, *The New Sex Therapy*, A Brunner/Mazel Publication, New York.

Langley, L. L., *Contraception*, Dowden, Hutchinson and Ross, Inc., Stroudsburg, Pa., 1973.

Malinowski, Bronislaw, *Sex and Repression In Savage Society*, Meridan Books, New York, 1972.

Otto, Herbert Arthur, *The New Sexuality*, Science and Behavior Books, Palo Alto, Calif., 1971.

Pollak, Otto, *Family Dynamics and Female Sexual Delinquency*, Science and Behavior Books, Palo Alto, Calif., 1969.

Reeves, Nancy, *Womankind - Beyond The Stereotypes*, Aldine - Atherton, Chicago, 1971.

Schultz, Esther D., and Sally R. Williams, *Family Life and Sex Education*: Curriculum and Instruction, Harcourt, Brace and World, Inc., New York, 1968.

Sex Information and Education Council of the United States, *Sexuality and Man*, Charles Scribner's Sons, New York, 1970.

SOCIAL PROBLEMS

Arendt, Hannah, *The Origins of Totalitarianism*, Meridian Books, New York, 1958.

Blau, Peter M., *Bureaucracy In Modern Society*, Random House, New York, 1956.

Brickman, William W., and Stanley Lehrer, Automation, Education, and Human Values, Thomas Y. Crowell Co., New York, 1966.

Bryant, Clifton D., Social Problems Today, Dilemmas and Dissensus, J. B. Lippencott Co., Philadelphia, 1971.

Carr, Edward Hallett, The New Society, Beacon Press, Boston, 1957.

DeReuck, Anthony, and Julie Knight, Caste and Race; Comparative Approaches, J. and A. Churchill, Ltd., London, 1967.

DeReuck, Anthony, and Julie Knight, Conflict In Society, J. and A. Churchill, Ltd., London, 1966.

Horton, Paul B., and Gerald R. Leslie, The Sociology of Social Problems, Appleton - Century - Crofts, New York, 1965.

Huxley, Aldons, Brave New World, Bantam Books, New York, 1932.

Johnson, Thomas F., James R. Morris, and Joseph G. Butts, Renewing American's Cities, The Institute for Social Science Research, Washington, D. C., 1962.

Kaufmann, Walter Arnold, Existentialism From Dostoevsky to Sartre, World Publishing Co., New York, 1956.

Landis, Judson R., Current Perspectives On Social Problems, Wadsworth Publishing Co., Inc., Belmont, Calif., 1969.

Lederer, William J., and Eugene Burdick, The Ugly American, Fawcett Publications, Inc., Greenwick, Conn., 1958.

Montague, Ashely, Man's Most Dangerous Myth: The Fallacy of Race, World Publications, Co., Cleveland, 1964.

Orwell, George, 1984, The New American Library Of World Literature, Inc., New York, 1949.

Packard, Vance, The Hidden Persuaders, Pocket Books, Inc., New York, 1957.

Reich, Charles A., The Greening of America, Random House, New York, 1970.

Riots and Distrubances, The American Correctional Association, Washington, D. C., 1970.

Salinger, J. D., The Catcher In The Rye, Bantam Books, New York, 1951.

Smith, Lynn T., Social Problems, Thomas Y. Crowell Co., New York, 1957.

Spiegel, Hans B., Citizen Participation In Urban Development, NTL Institute for Applied Behavior Science, Washington, D. C., 1968.

Vaz, Edmund W., Middle-Class Juvenile Delinquency, Harper and Row, New York, 1967.

Wagner, Nathaniel N., and Marsha J. Haug, *Chicanos: Social and Psychological Perspectives*, C. V. Mosby Co., St. Louis, 1971.

Wasserstein, Bruce, and Mark J. Green, *With Justice For Some*: An Indictment of the Law By Young Advocates, Beacon Press, Boston, 1970.

Wise, David, and Thomas B. Ross, *The Invisible Government*, Bantam Books, New York, 1964.

SOCIAL PSYCHOLOGY

Collins, Barry E., *Social Psychology*, Addison Wesley Publishing Co., Reading, Mass., 1970.

Evans, Richard I., and Richard M. Rozelle, *Social Psychology In Life*, Allyn and Bacon, Boston, 1970.

Kaluger, George, and Charles M. Unkovic, *Psychology and Sociology*, C. V. Mosby Co., St. Louis, 1969.

Krech, David, Richard Crutchfield, and Egerton L. Ballachey, *Individual In Society*, McGraw-Hill Book Co., New York, 1962.

McDavid, John W., and Herbert Harari, *Social Psychology: Individuals, Groups Societies*, Harper and Row, New York, 1968.

McDougall, William, *An Introduction To Social Psychology*, Barnes and Noble, New York, 1908.

Proshansky, Harold, and Bernard Seidenberg, *Basic Studies In Social Psychology*, Holt, Rinehart, and Winston, New York, 1965.

Secord, Paul F., and Carl W. Backman, *Social Psychology*, McGraw-Hill Book Co., New York, 1964.

Sherif, Muzafer and Carolyn W. Sherif, *An Outline of Social Psychology*, Harper and Row, New York, 1948.

Stotland, Ezra, and Lance K. Canon, *Social Psychology: A Cognitive Approach*, W. B. Saunders, Co., Philadelphia, 1972.

Vinacke, W. Edgar, and Warner R. Wilson, *Dimensions of Social Psychology*, Scott, Foresman and Co., Chicago, 1964.

Wechsler, Henry, Leonard Solomon, and Bernard M. Kramer, *Social Psychology and Mental Health,* Holt, Rinehart and Winston, New York, 1970.

SOCIAL WORK - SOCIAL SERVICES - SOCIAL WELFARE

Co-Operative Social Welfare Action Program, Kansas City Regional Council For Higher Education, Kansas City.

Field Instruction Manual, School of Social Work, Virginia Commonwealth University, Richmond, Virginia, 1971-1972.

Manis, Francis, Field *Practice In Social Work Education*, Sultana Press, Fullerton, Calif., 1972.

Shulman, Lawrence, *A Casebook Of Social Work With Groups*: The Mediating Model, Council on Social Work Education, New York, 1968.

Social Services: A suggested Associated Degree Curriculum, California Community Colleges, Sacramento, Calif.

SOCIOLOGY

Bertrand, Alvin L., Basic *Sociology; An Introduction To Theory and Method*, Appleton - Century - Crofts, New York, 1967.

Butler, Robert A., *Sociology*: *An Individualized Course*, Westinghouse Learning Press, Palo Alto, Calif., 1971.

Davis, Kingsley, *Human Society*, The MacMillan Co., New York, 1948.

McKee, James B., *Introduction To Sociology*, Holt, Rinehart and Winston, New York, 1969.

Rose, Arnold M., *Sociology*: *The Study of Human Relations*, Alfred A. Knopf, New York, 1965.

Society Today, Communications Research Machines, Inc., Del Mar, Calif.

STATISTIC

Amos, Jimmy R., Foster Lloyd Brown, and Oscar G. Mink, *Statistical* Concepts, Harper and Row, New York, 1965.

Arkin, Herbert, and Raymond R. Colton, *Tables For Statisticians*, College Outline Series, Barnes and Noble, Inc., New York, 1950.

Downie, N. M., and R. W. Heath, *Basic Statistical Methods*, Harper and Row, New York, 1955.

Edwards, Allen L., *Statistical Methods For The Behavioral Sciences*, Holt, Rinehart and Company, New York, 1964.

Guilford, J. P., *Fundamental Statistics In Psychology* and *Education*, McGraw-Hill Book Co., New York, 1965.

Hays, William L., *Statistics For Psychologists*, Holt, Rinehart and Winston, New York, 1963.

Introductory Statistics, Programmed Textbook, Teaching Materials Corp. - Grolier, Inc., New York.

Psychological Statistics, Individual Learning Systems, Inc., San Rafael, Calif., 1971.

Spiegel, Murray R., Theory and Problems of Statistics, McGraw Hill, New York, 1961.

Veldman, Donald J., Fortran Programming For The Behavioral Sciences, Holt, Rinehart, and Winston, New York, 1967.

TESTS AND MEASUREMENT - PSYCHOLOGICAL TESTING

Cronbach, Lee J., Essentials of Psychological Testing, 3d ed., Harper and Row, New York, 1970.

Karmel, Louis J., Measurement and Evaluation In The Schools, The MacMillan Co., New York, 1970.

McReynolds, Paul, Advances In Psychological Assessment, Science and Behavior Books, Palo Alto, Calif., 1968.

Torgerson, Warren S., Theory and Methods of Scaling, John Wiley and Sons, Inc., New York, 1967.

THERAPY, GUIDANCE, COUNSELING

Ard, Ben N., Handbook of Marriage Counseling, Science and Behavior Books, Palo Alto, Calif., 1969.

Carkhuff, Robert R., and Bernard G. Berenson, Beyond Counseling and Therapy, Rinehart and Winston, Inc., New York, 1967.

Cook, David R., Guidance For Education In Revolution, Allyn and Bacon, Inc., Boston, 1971.

Ellis, Albert, Growth Through Reason: Verbatim Cases In Rational-Emotive Therapy, Science and Behavior Books, Palo Alto, Calif., 1971.

Fenton, Norman, An Introduction To Group Counseling In Correctional Service, American Correctional Association, College Park, Md., 1957.

Foulkes, S. H., and E. J. Anthony, Group Psychotherapy, The Psychoanalytic Approach, Penguin Books, Baltimore, 1957.

Franks, Violet, and Vasanti Burtle, Women In Therapy: New Psychotherapies For A Changing Society, Brunner/Mazel, New York, 1974.

Fundamentals of Co-Counseling Manual For Beginning Classes In Re-Evaluation Co-Counseling, Rational Island Publishers, Seattle, 1962.

Gazda, George M., Group Counseling: A Developmental Approach, Allyn and Bacon, Inc., Boston, 1971.

Ginzberg, Eli, Career Guidance: Who Needs It, Who Provides It, Who Can Improve It, McGraw Hill Book Co., New York, 1971.

Goldstein, Arnold P., Psychotherapeutic Attraction, Pergamon Press, New York, 1971.

Groves, Cecil L., and Edward A. Kennedy, Career-Counselor-Technician: A Progress Report, Institute for Higher Educational Opportunity Southern Regional Education Board, Atlanta, Ga., 1974.

Guidelines For The Re-Evaluation Counseling Communities, Rational Island Publishers, Seattle, 1973.

Hansen, James C., Richard Stevie, and Richard W. Warner, Jr., Counseling: Theory and Process, Allyn and Bacon, Inc., Boston, 1972.

Heath, Earl J., The Mentally Retarded Student and Guidance, Houghton, Miffin Co., Boston, 1970.

Ivey, Allen E., and John R. Moreland, Microcounseling: Innovations In Interviewing Training, Charles C. Thomas Publisher, Springfield, 1971.

Jackins, Harvey, The Human Side of Human Beings, The Theory of Re-Evaluation Counseling, Rational Island Publishers, Seattle, 1965.

Jackins, Harvey, The Human Situation, Rational Island Publishers, Seattle, 1973.

Jackson, Donald De Avila, Therapy, Communication, and Change, Science and Behavior Books, Palo Alto, Calif., 1968.

Johnson, Richard Eaton, Existential Man: The Challenge of Psychotherapy, Pergamon Press, New York, 1971.

Kaplan, Harold I., Comprehensive Group Psychotherapy, Williams and Wilkins, Baltimore, 1971.

Magoon, Thomas M., Mental Health Counselors At Work, Pergamon Press, New York, 1969.

Porter, Ruth, The Role of Learning In Psychotherapy, A Ciba Foundation Symposium, J. and A. Churchill, Ltd., London, 1968.

A Primer of Stort - Term Group Counseling, 3d ed., American Correctional Association, Washington, D. C.

Satir, Virginia M., Conjoint Family Therapy: A Guide To Theory and Technique, Science and Behavior Books Palo Alto, Calif., 1967.

Sweeney, Thomas J., Rural Poor Students and Guidance, Houghton Miffin Co., Boston, 1971.

Warters, Jane, Group Guidance: Principles and Practices, McGraw-Hill Co., Inc., New York, 1960.

Zuk, Gerald H., *Family Therapy and Disturbed Families*, Science and Behavior Books, Palo Alto, Calif., 1967.

TRANSACTIONAL ANALYSIS GESTALT

Berne, Eric, *Games People Play*, Grove Press, Inc., New York, 1964.

Berne, Eric, *The Happy Valley*, Grove Press, New York, 1968.

Berne, Eric, *The Structure and Dynamics of Organizations and Groups*, Grove Press, New York, 1963.

Berne, Eric, *Transactional Analysis In Psychotherapy*: A Systematic Individual and Social Psychiatry, Grove Press, New York, 1961.

Fagan, Joen and Irma Lee Shepherd, *Gestalt Therapy Now,* Science and Behavior Books, Inc., Palo Alto, Calif., 1970.

Harris, Thomas Anthony, *I'M OK, You're OK*, Harper and Row, New York, 1969.

James, Muriel, and Dorothy Jongeward, *Born To Win:* Transactional Analysis With Gestalt Experiments, Addison-Wesley Publishing Co., Reading Massachusetts, 1971.

Stevens, Barry, *Don't Push The River*, Real People Press, Lafayette, California, 1970.

MENTAL HEALTH CASSETTES

AVAILABLE IN DIRECTED STUDIES

1. ADOLESCENCE
2. AGONIES OF THE AMERICAN STUDENT: Experts discuss rampaging problems in today's educational system
3. AMERICA: SICK OR SOLVENT? Four young critics debate the condition of America today
4. THE AMERICAN FAMILY: Margaret Mead identifies the forces working to undermine the family
5. AMERICAN YOUTH IN REBELLION: A documentary on the extremist element among today's youth
6. AMERICANS AS USERS: An expert discusses the effects of even the softest drugs
7. AUTOMATIC PROBATION: Arguments for, against this system as replacement for some sentences
8. BATTLE OF THE SEXES: Experts discuss men and women as makers of culture
9. BEING IN LOVE
10. CAGES ARE FOR ANIMALS: Six former convicts discuss the lack of rehabilitation in our prisons
11. CENSORS AND FREE SPEECH: Judith Crist, Paul Krassner and Dr. Isadore Rubin head this panel
12. THE CHALLENGE OF PRISONS, I: A survey of our antiquated penal system and its administration
13. THE CHALLENGE OF PRISONS, II: A survey of our antiquated penal system and its administration
14. CHILD DEVELOPMENT: Child psychologist Jean Piaget focuses on early childhood
15. CIVIL LIBERTIES VS. POLICE POWER: A survey of police efficiency vs. Constitutional rights
16. THE CRIMINAL PERSONALITY: A psychiatrist relates childhood experiences to criminal patterns
17. CRISIS IN HEALTH CARE: Experts discuss the cost & quality of U. S. medical care

18. CULTURE AND CRIMINAL ACTS: A psychiatrist discusses the cultural context of crime

19. CONDEMNED TO DEATH: A documentary on the convict's last hours

20. A CONVICTED DRUG ADDICT: talks about a career of crime triggered by his compulsive habit

21. THE DESPAIR OF POVERTY: Dramatic readings from the poetry and folklore of the American poor

22. A DOPER'S DICTIONARY: Definitions of drug terms, uses and effects for the whole family

23. DRAMATIC HIGHLIGHTS FROM 1984

24. DRUGS AND CRIMINAL ACTS: A psychologist discusses drugs as a possible prelude to crime

25. EMOTIONAL ILLNESS

26. EMOTIONS AND CRIME: A psychiatrist discusses the crimes committed by "normal" people

27. THE ETHNOLOGICAL CRIMINAL: A psychiatrist explores the myth of ethnicity and criminal behavior

28. THE EYE OF THE FUTURE: Dr. Caleb Gattegno proposes a new visual teaching method

29. FEAR: A leading psychologist conducts an informal discussion

30. FEAR ITSELF: Experts discuss components of and ways to cope with fear

31. A FEMALE PRISONER talks about her life of crime and prospects for rehabilitation

32. FOCUS ON KARL MENNINGER: A brilliant psychiatrist discusses human nature, illness and therapy

33. FROM MARIJUANA TO LSD: Interviews pro and con across the U. S.

34. THE EXPLOSIVE SOCIETY: A documentary on the causes of violence in America today

35. GUILT FEELINGS

36. THE IDENTITY CRISIS: Famed historians view the plight of the black man

37. THE JUVENILE OFFENDER: A group of teenagers discuss their delinquent behavior

38. LAW AND ORDER: Alan Watts contrasts Eastern and Western decision-making

39. LEGALIZING MARIJUANA: PROS & CONS: Margaret Mead explains why legalization is necessary

40. LIFE IN THE CITY: Why people live in the city and how it affects them

41. THE LONGING FOR NATURE: A sobering discussion of man's innate need for the "simple beauties"

42. LSD: PRO AND CON: A debate between Prof. Jerome Lettvin and Dr. Timothy Leary

43. MAN AGAINST HIS MACHINES: Eric Hoffer examines automation and its impact on man's creativity

44. THE MAN: THE HASSLE, High School students explain their views on law and authority

45. MANIFESTO FOR REFORM: John W. Gardner tells how our nation must change

46. MARRIAGE PROBLEMS

47. THE MESSAGE OF J. D. SALINGER: An analysis of the impact of Catcher in the Rye

48. THE NAKED APE

49. THE NEW WOMEN: A documentary on the current status of the feminist movement

50. NON-AUTHORITARIAN TEACHING: John Holt ruffles a few feathers in Berkeley, California

51. NORMAL BEHAVIOR

52. OBSCENITY AND PORNOGRAPHY: An analysis of criteria for "redeeming social importance"

53. THE OCCULT & THE SUPERNATURAL: Experts probe youth's spiritualism and its search for a new faith

54. THE PARADE OF VIOLENCE: John Lindsay & Frank Mankiewicz exchange views on U. S. violence

55. POLICE POWER IN OUR DEMOCRACY: Criminologists discuss civil liberties and police authority

56. POVERTY IS BLACK AND WHITE: A psychiatrist analyzes differences between poor blacks and whites

57. PRIVATE WORLD OF A CONVICT: A criminal discusses his inner longings and emotional problems

58. PSYCHOANALYSIS

59. THE PSYCHOPATHIC CRIMINAL: A psychological portrait of a prison riot leader

60. PSYCHOPATHOLOGY AND POP LITERATURE: How to analyze the neuroses of the day by the books people read

61. RACISM, POVERTY, URBAN COLLAPSE: C. Vann Woodward & Kenneth Clark discuss U. S. social ills

62. RELIGION AND THE NEW MORALITY: Eminent theologians analyze the role of religion in our society

63. THE RIGHTS OF THE ARRESTED: Experts discuss the clash between authority and civilian rights

64. THE ROAD TO CRIME: A convict talks about early criminal tendencies

65. SEARCH AND SEIZURE: An interpretation of the 4th amendment in U. S. history

66. SEX EDUCATION: Children and their parents debate the pros and cons

67. SEX IN AMERICA: A survey of America's changing sexual mores

68. SEX: LAW VS. PRACTICE: Experts discuss the differences between public and private morality

69. SPACE COSTS VS. SOCIAL NEEDS: An astronaut, a scientist and an activist debate national priorities

70. SHOULDER TO SHOULDER: Frightening look at overpopulation, its present, its future and its control

71. THE STUDENT AS ROBOT: Five high school students reveal why school turns them off

72. THE TEENAGE REVOLUTION: A documentary on the values and styles of U. S. teenagers

73. VANCE PACKARD DISCUSSES THE SEXUAL WILDERNESS

74. THE VICTIM OF CRIME: Officials and citizens discuss the growing difficulties of urban life

75. VULGARITY AND OBSCENITY: Experts define vulgarity and obscenity in world cultures

76. WHAT THEY KNOW ABOUT YOU: A survey of probes into privacy and your constitutional rights

77. THE WORLD OF MARGARET MEAD: An eminent anthropologist discusses Man's social structures

78. GROWING OLD

CHAPTER 7

TRAINING ACTIVITIES

Perspective

The history of the Mental Health Associate movement is primarily a history of individuals. The first M.H.A. program, founded at Purdue's Fort Wayne Campus, cannot be understood and appreciated without knowing John True, the person who founded that program. The history of Mental Health Associates in the South cannot be understood and appreciated without knowing the people at the Southern Regional Education Board who ran the Community College Mental Health Worker Project: Dr. Harold McPheeters, James King, and Capers Brazzell, The same is true at the national level of Dr. Ralph Simon, the Chief of the N.I.M.H. Branch which made so many programs able to get off the ground through grant support. So that you might better be able to understand and appreciate the history of the Mental Health Associate program at Wayne Community College, I offer the following personal remarks in hopes that you will be able to know something about me. I feel that there is only one way you can learn more about this program--get to know my students and graduates.

I have been sitting through college classes for eight years and have hated almost every minute of it. I was brainwashed well enough by twelve years in the public school system to keep enough of my brain engaged to survive these eight years. The socialization process made me buy the idea of climbing an invisible status ladder and exchanging beauty and freedom for the protestant work-ethic. But the other part of my brain was engaged in other activities.

I wasn't happy in just cognitively castrating my teachers--I was constantly building castles in my mind. Each time a teacher did something that I didn't like, I would try to envision a means by which the situation could be corrected. I kept asking myself: "What could the teacher do that would help me feel better about it?" I think I found some ways. Some of my students and colleagues think that I found some ways. I hope that I will not stop finding ways while recounting the ones already found.

I feel good about myself and I feel good about the way I function in the role of a teacher. There are many other roles that I function in, depending upon the time and place. I feel good about some and bad about others. There are enough of the former for me to feel that life is worth living. Such was not the case when I was finishing my graduate work.

In an English Literature course as an undergraduate, I turned in a blank final exam. The exam consisted of about thirty questions. The answers to those questions were either recitation of verses of poetry or based upon the rote recall of such verses. The professor called me into his office prior to turning in his grades for that semester and asked me for an explanation. I told him that I had been writing poetry for ten years and that I could never memorize my own, let alone someone else's. I think I can support that position with a number of assumptions -but I won't. The important thing to me at that moment in time was to allow the good-feeling part of my brain to tell me what to do. I was willing to go to bat for the good part of "me" and take a chance on the terrible consequences of not licking candy apples. The professor asked me to show him some samples of my poetry. I showed him three and he gave me an "A" in the course. If that makes you feel good inside then, and only then, will you know where I'm coming from.

My first formal teaching experience was during my last quarter of graduate school at the University of Georgia as a teaching assistant to a closed circuit television. The class was an hour a day and met each day of the week. Since there was a ten-minute walking period between classes, there were only fifty minutes of actual class time. It took the boob tube about five minutes to warm up, during which time I had to enact the role of roll taker. Then I would assist the televoid for thirty minutes - plug it in, turn the knobs, focus it, etc. That left ten minutes to be a "teacher." The last class of each week was a fifty-minute test made out by the "teacher" (the guy on the "nut box") for the five hundred computer numbers taking the course. I wasn't capable of turning in blank exams by that time - I was too close to the heaven I had been climbing up to for eighteen years.

When the truck hitched up my mobile home to take me from graduate school to my first job, I believed that that "other" part of my brain was dead. I hadn't even been able to remember that I ever had another part to my brain for over a year. But I thought more and more about that other part of me as I worked day and night for two months to put together a Mental Health Associate curriculum. I wrote to over thirty, two-year schools that supposedly had such a curriculum already in existence and received course descriptions from twenty of them. I carried out a factor analysis on those program offerings and gave highest priority to the courses with the highest factor loading. Where content and titles clustered, I assimilated both. When I had dealt out one hundred quarter hours credit with the highest ranks, I turned in a finished "curriculum." After it had gone to press, I realized that there were eight courses listed worth sixteen quarter hours credit, and I didn't have the foggiest notion as to what the course titles stood for or what the descriptions were all about! In the nightmarish panic that immediately followed I made a dozen long distance calls and learned only one thing - I had better attend a human relations training lab post haste.

The words with which I was unfamiliar were "Group Processes," "Group Dynamics," "Sensitivity Training," "Encounter Groups," "Marathons," "Human Potentials," et cetera ad infinitum. Since most of the program directors from whom I received curriculum materials had been "trained" in psychology, the other courses made sense - Psychology of Learning, Abnormal Psychology, Psychology of the Exceptional, and on and on. Oh, there was a sociology course or two - for which I held a grudge against the calculator on which I did the factor analysis. The social workers lucked out and got one course on the agenda - Social Agency Interviewing - a poor substitute for Diagnostic Interviewing. But those "T-MHA" courses gave me convulsions of a grand mal nature.

I made emergency phone calls to a national organization specializing in those words I knew nothing about on the recommendation of a number of people involved in the "education" of mental health workers. Educational leave was quickly granted, funds located and allocated, plane tickets purchased, and the journey of my life began.

I spent two-weeks in a "sensitivity training lab" in New Hampshire. During that time, as the "other" part of my brain began to function again, the quote marks around those weird words began to disappear. I got to that lab via the first airplane flight of my life and those two weeks were the heaviest "ego" flight of my life. I left there and spent three days vainly trying to put the dampers on the newly reappearing "me" - only to wind-up as a "co-trainer" in a four-day lab with a group of mental health students at another school. I had two days free after that before going into a three-day lab to "train" my own mental health students. The only way I can tell you what shape I was in for the first class of that quarter is to tell you that I don't know any way to describe it! My wife swears that she was seriously considering reserving a "room" for me at the local "institution."

If the educational system has ever been a bad scene for me in the past, it was utter chaos during the next six months. One of my first classes consisted of about sixty students in a "teaching" auditorium. The computerized lectern, glowing and buzzing with knobs and dials and buttons and clocks and lights and other such items, was affixed to the floor about ten paces from the first row of bolted-down, cushioned chairs. It was murder to be all turned on to process and facilitation and those other exciting things I had been submerged in for the prior month and have to speak through a P.A. system to sixty somnambulent nonidentities lost in the progressively elevated four-hundred orange seats. The "room" in the local "institution" looked better with each passing "lecture."

I would like to share with you what I believe to be the important reasons why the "other" part of my brain kept growing and getting stronger. The main reason is that I kept getting "shots-in-the-arm" by being involved in more labs - as participant, co-trainer, trainer, and "dean." The second reason is that my students encouraged me as a result of their "other" selves growing. They too were experiencing more labs as time went by. The last major reason - the one for which I am most thankful for the Southern Regional Education Board's Community College Mental Health Worker Project--is the chance to get together in workshops with my colleagues in the region, most of whom were in the same developmental throes as I was. It seemed that everyone who was experimenting with experiential learning systems (lab training, group processes and dynamics, facilitation, etc.) were having a rough go of it. That made me feel much better and less like committing myself to that "room."

I'm afraid that I functioned as a "multiple personality" during the first two years. In half of my classes I operated on the assumption that I couldn't "teach" the students anything about the "content." I perceived my role as facilitating the "learning process." In the other half of the classes I attempted to "train" my students how to do things - much as an "expert" tire-changer would train a novice how to change tires. I will attempt to justify this split by assuming (probably incorrectly) what your feedback would be if we were "together."

With respects to the concept of a "generalist" within the human, helping services, I believe that there are two major components. The main component is being able to get where another person is and helping them get where you are. This is a process of communicating effectively, thereby helping the other learn about you and letting them help you learn about them. The desired result is that each person involved learns to accurately correlate the behavior of the other with the thoughts and feelings of the other. This process is not necessarily a process of change, nor is it antithetical to change. When I feel that I am achieving such a relationship, it is extremely rewarding to me in terms of feeling good. And, it has been one of the most difficult things for me to do. For the records, even though I'm not aware of it when it's happening, I believe that the concept of positive reinforcement explains why I dig this kind of experience more each time I'm involved in it. It makes me feel good and beautiful and wonderful - and like I want to do it more and more as time goes on. The parts of the curriculum aimed at facilitating this process in the students are those courses in which I function as process/dynamics observer/intervener and facilitator of the learning process, e.g., Group Processes, Group Dynamics, Human Relations Training, etc.

There is a second component to the "generalist" concept. The first gets at establishing a relationship where change is possible. When people have gotten "together," they feel good about themselves and each other within the context of that relationship. They can then "help" each other within the parameters of interdependence. The next step concerns the vehicle or modality of change. This is where the "specialization" of the "generalist" comes into play. The greater the variety of specialized roles within which the mental helth worker can function, the higher the degree of a "generalist" he is. My basic assumption at this point is that the more "skills" the generalist is "trained" in the more strategies he can utilize in problem-solving behavior. The scientific method would be one example of a problem-solving strategy. In the final analysis, the critical factor is a matter of "attitude," not strategy or strategies per se. If I have "expertise" in tire-changing skills, I can train others how to change tires - provided they are "willing" and "able" to do so. If I am really "into" a person, I will know because of my feelings whether or not he is willing and/or able to change tires. If we both know where we are with our feelings by having learned to correctly perceive ("read") each other's behavior, then the vehicle for change will be one of mutual consent. The courses that deal with this second component are skill oriented, such as Behavior Modification, Behavior Therapy, Interviewing, Activity Therapy, and others. In "training" students in a number of different approaches to problem-solving (e.g., individual and group therapy, behavior modification through a token economy, transactional analysis, conjoint family therapy, etc.), my assumption is that they can function more as a generalist.

The basic model I use to distinguish between the separate personalities within the multiple personality concept concerns the distinction between roles and role-reversal. In process - oriented courses, I perceive my primary role as focussing on group processes and group dynamics, making observations about these, and intervening in them - all aimed at facilitating the group in their primary focus: content. In this situation, I deal with content only on a secondary level, e.g., recommending materials, explicating a factual or conceptual problem the group asks my help in, etc. At the same time, the group is placing secondary emphasis on process, dealing with it only in terms of my interventions. When I am dealing with content as a primary issue, the group is then dealing with process as a primary focus. Even though this system is the rule rather than the exception, each course is negotiated in a democratic fashion concerning all aspects of the experience. I have written a paper (N.C. Journal of Mental Health, Volume VI, number 2, Spring, 1972) that describes this system of course design so I won't elaborate on it here.

There is a critical shortage of content materials appropriate to mental health worker programs. What books we have used generally turn the students off. One reason parallels my feelings about graduate level texts and partially explains why I didn't want to use references in this article. I am speaking of the abundance of quoted passages and references cited within text and enclosed in brackets or parentheses. There were many occasions where I would forget what was being talked around by the time I could find my way to the end of the maze of names and dates. I had chronic eyestrain from reading the ultra-small print used for long quotes and footnotes. At least some literary texts put all those op. cits'. and things at the bottom of the page! In using "scholarly" textbooks, operating strictly on a desire-to-learn basis, I feel that my students have done an excellent job of "overlooking" the ninety-five percent verbiage that makes the pages look worse than a mail order catalogue.

The dearth of teaching materials available for the education of generalist mental health workers has had, for me, an unlikely outcome of excitement and enthusiasm. I have had to beg, borrow, and steal as well as think and act creatively and sweat and worry in order to find, assimilate, and implement meaningful learning units. My students are often shocked at how well some new things work out and are traumatized at some of my dysfunctional products. They have really been beautiful about serving as guinea pigs for trying out new ideas. Most of their criticism has been constructive, and I have learned a great deal from them. Their input has often been of a spontaneous, creative nature. An example of this occurred recently when a student had prepared a "fishbowl" design of discussion to help get at the idea of individual involvement in group activities. This design generally has one group seated in a small circle with another group in a circle around it. The inner circle discusses a topic for awhile, the outer group then gives the inner group feedback on its observations of their behavior, and then the groups exchange places. The leader decided, on the spot, that she wanted the outer group to talk while in the larger circle. The inner group was silent and observed the outer group. They then gave feedback and exchanged places. I haven't had time to work through theoretically what happened, but I intend to play around with the design in the future. When the group asked me for my input I told them I was so excited about the possible applications and implications of her design that I had no idea what they had been doing or talking about! I was aware of some very different kinds of processes and dynamics than are in the "right" fishbowl design.

I would like to give you an example of the type of materials I have worked up for a course in Transactional Analysis. In case you are not familiar with this method of therapy, the personality is conceived of as having three basic parts - Parent, Adult, and Child. These parts can be equal and integrated, contaminated by each other, or blocked out. I am always trying to facilitate learning of such concepts by suggesting exercises, whereby the guts of the theoretical model are experienced and then discussed. I drew a triangle and placed a symbol at each vertex - one to represent the Parent part of the personality, one for the Adult, and one for the Child. Each vertex was connected by a straight line to the center of the side of the triangle opposite it. Each such line was then marked off in equal units ranging from a four (4) at the vertex to a zero (0) where the three lines crossed in the center of the triangle. Each student then rated themselves on each of the three dimensions on one diagram and rated every other person in the group on a separate sheet. Each person then collected all sheets on which others had diagrammed them and computed an average rating on each dimension across all ratings of them. They then plotted these points on the original diagram on which they had rated themselves. The three points on each continuum in turn served as a vertex for a triangle within the larger triangle. They could then compare their self-percept with the group-perception of them and discuss any discrepancies. This can serve as a pretest at the beginning of the course and be used as a posttest at the end - again comparing any changes that might have occurred. To maximize the experiential part of this exercise, I make a huge triangle of masking tape on the floor of the classroom that simulates the diagram on the sheet. Three persons hold ropes on the vertices to represent a given student's triangle of himself while three others hold separate ropes connecting the vertices of the group triangle of that person. There is a lot more to be said about this but I hope the example is clear enough to give you an idea of the types of materials I have been developing.

Perhaps a better example would be from an area that has the appearance of being more objective, i.e., Behavior Therapy. In the second course of this sequence, I have developed a series of slides, tapes, and exercises (using video-tape replays) for training students in such techniques as relaxation training and systematic desensitization. I have developed a number of diagrams, charts, and check sheets to accompany the other materials. This type of learning is quite easy to measure with the use of behavioral testing (along with self-report inventories) prior to and after the treatment technique has been used. Even though this sequence is much like the tire-changing I referred to earlier, the skills are not complete when the technical competency is achieved. I assume that most people who are willing can be trained in such techniques. I think the most important skill in such therapy is the degree to which a person is artistic. To be an artistic painter or composer is no higher an achievement than to be an artistic change agent. If you will recall, I spoke earlier about the two main components of being a generalist. When a person has both of those qualities going at the same time - that, to me, is as artistic as anything in life. It is aesthetically pleasing to me, in a hedonistic sense. It keeps me going, in a behavioristic sense.

"Experts" have decided that there are three theories by which human behavior can be studied, understood, accepted, and changed. Depending upon which theory one subscribes to, the other two are unacceptable. People in the human helping services have tended to cluster around one or the other theory much as moths cluster around lights in the night. Each group lives in a glass abyss and spends much time throwing b-b's and cotton swabs at the glass abysses of the other groups. I was subjected to the rhetorical emotions of all three groups during my college days. The socialized part of my brain made me listen, take notes, memorize, and regurgitate on tests whatever the professor said. The "other" part of me kept saying: "I can't understand what all the fuss is about. All three of those theoretical positions appear to me to be subsets of one general set. Why can't these guys stop crucifying each other long enough to communicate? If they would just hear what each other is saying, then they would realize that they're all talking about the same thing. Think of how much better human behavior could be understood if they'd get together and work for the goal that is already common to them all."

Professionals who align themselves with Freud and the analytical model are seen by the others as dummies in a wax museum or relics in an antique shop. Those who align themselves with the behaviorist camp are seen by the others as living in a Skinner box - pecking away their lives. The ones in the humanist movement are perceived by the others as being weird, bearded, backwards, and gushing all over the place. To the degree that they can get where each other is - none of them is a generalist. To the degree that they have skills in changing each other - none is a generalist. If that doesn't make sense to you, then you're probably not a gneralist. If it does make sense to you and you hear yourself saying, "Right On...", then you know where I am coming from and we could get where each other is and help each other grow.

I would like to be able to use the next few pages presenting such a powerful argument for my case, the marriage of humanism and behaviorism, that no one could read it without being convinced of its universal truth. If I thought I could do that I would probably need that "room" I spoke of earlier. People aren't really talking about different things, they're just speaking in different languages. There is one language that encompasses all the others. I have a feeling for that language and I know how it makes me behave. The only part missing is the cognitive one - there is a need for symbols to represent the feelings and correlate the behavior. The raison d'etre of my work for the past seven years has been to help my students learn that universal language. The theme of my story is how I make sense out of my reality with that language. You can't see it in the words on these pages because I don't know the symbols yet. But if you already have a feel for the language, then you can feel it in every word I write.

There is a much broader base to the experiential portion of my program - the one that deals with the reality of the human services system. I have made more changes in the practical experience portion of my program than in all the other parts combined. I started with six hours per week - taken in time blocks ranging from an hour a day to six hours a day. That was a total disaster. I then went to a summer internship of six hours per day, five days per week, for ten weeks. That too was a disaster. I then went to three, full work weeks at the end of each quarter for six quarters. I now have internship the seventh quarter (Spring), 40 hours/week for 12 weeks. That is not perfect, but it is a lot better than the other ways. How do I tell "good" experiences from "bad" experiences? I do it in a manner that I believe is the exact opposite of the classical educational system. The classical assumption has been to feel you were doing something wrong (as student and/or as teacher) if it became enjoyable, I categorically deny that assumption and accept its antithesis - the rewarding experiences are on the right track, or at least in the right ballpark. My students felt bad about the first two systems. The supervisors in the agencies felt bad about them. I felt bad about them. We're all feeling a lot better about the new approach to internships. These changes are made on the basis of the feelings of the people who are directly involved in the practical experience. The same procedure is used for all the courses in the curriculum, with the exception of three Psychology courses, three Sociology courses, three English courses and two electives. These classes are not within the department and are subject to fairly rigid controls.

In the event that you are interested in the details of the practicum placement sequence, I will go through it now step by step. This experience begins during the first quarter in a course entitled, "Introduction to Human Services." It consists of 5 contact hours and 3 quarter hours credit. It is followed in the second quarter with a similar experience. The instructor gives a brief overview of a given agency or area of an agency. This includes national and state aspects as well as some history and theory. The students then discuss this presentation and decide what types of information they need to gain a better understanding. They then share responsibilities for doing research on the topics chosen and share the results in class discussion. An "expert" from the agency or agency-area then comes in as a guest speaker and gives a formal presentation concerning the role of his agency, himself, and others serving in or being served by his agency. There is then a question and answer period. All of the above has taken place in the course of a week. The students then take a three-hour field trip of the agency. They spend time talking with staff members and clients and attempt to gain an in-depth understanding of the agency and its role. This sequence is repeated ten times and each student chooses one of the agencies or areas as a placement. No student can be placed in an area of an agency where he is employed and no one can return to the same area of an agency during the course of the program.

Field Placement consists of working a full work-week for twelve weeks in a given area of an agency. The agency appoints a staff member to supervise the students. The college staff then meets with the agency staff and designs a set of objectives thought to be relevant to the situation. The student receives a copy of the objectives and uses it as a check list during the twelve weeks. Some objectives are simple, technical, and clear cut and the agency programs time and staff to help the student reach them. Other objectives are vague and attitudinal and the student is on his own to reach the objective. Objectives for each agency are updated at the end of each field placement, based on feedback from the students, agency staff, and program staff. The agency staff and program staff serve only as resources during this quarter of placement. However, the faculty is responsible for negotiations between the college and the agencies. Contracts have to be written, signed, and filed with the heads of the agencies and the college.

I feel that I have developed a good curriculum, but I am not satisfied with it. I am extremely dissatisfied with the format of offering "things" like courses in "Introductory Psychology" and "The Psychology of the Exceptional" and all the others. Over a year ago, I decided that the only acceptable type of course title was one that ended in "-ing." I felt like there was too much inefficiency and ineffectiveness in trying to train people how to function in various roles within the context of bodies of knowledge. I thought it was absurd to say that you could take something like learning theory and wrap it up in a package and hand it to a student. There was an obvious contradiction in there, and I worked continuously for three weeks to design a system that would reverse the contradiction. After I put the model together, I quickly realized that I had bitten off more than I could chew!

The problem with my curriculum was mainly one of "putting the cart before the horse." I was exposing students to a large variety of knowledge and skills areas and expecting them to put it together in a meaningful fashion when the situation arose where they needed to know something or were expected to do something. What should have been obvious from the start was hidden by years of brainwashing within the classical system: The students should have decided on their needs for knowledge, skills, and values after or during exposure to the helping relationship. Such a system, I felt, would relieve me of the chore of "planning" before the fact and allow me to serve as a resource when needed - all the time being free to be me (I mean really be me). The fact that the solution is so simple only adds to my dissatisfaction in not being able to implement a sensible curriculum.

The model I decided upon was a three-dimensional matrix (or, a cube) whose three dimensions included Temporal Intervals (having to work within the time limits of reality, in my case seven, eleven-week quarters), Classified Content Areas (e.g., English, Psychology, Sociology), and Roles (e.g., Behavior Modifier, Interviewer, Therapist). Realizing the complexity of developing a curriculum from this model, I decided to use established "area" and "roles" in order to increase the likelihood of obtaining the tremendous amount of help that would be necessary. I decided to use thirteen "roles" listed in Roles and Functions for Mental Health Workers. I also decided to use the "areas" listed in Plans for Teaching Mental Health Workers. This consisted of three broad areas (Knowledge, Skills, and Attitudes) and fifty-five categories within those three areas. When the matrix was completed it contained four thousand two hundred and ninety intersections or cells. You can readily see why help was necessary!

Developing a new curriculum by looking at old curricula may not sound all that difficult. The difficulty comes in explaining it in a comprehensive manner so that needs are clearly specified and the format is understood. In this case, each existing course would be analyzed in terms of fifty-five categories and those fifty-five categories would be dispersed across thirteen roles and six time periods. The result would be thirteen unique courses. These courses would consist of comprehensive syllabi that would include most everything necessary to develop a "master" curriculum. The vehicle for such an analysis would be a survey of all existing programs whereby each instructor would fill in as many of the 4,290 cells as he was capable of. This would include general descriptions, objectives, requirements, etc. as well as specific materials (texts, films, slides, experiences, etc.) and methods and manpower. One might imagine that if you developed a six quarter sequence in the role of Behavior Changing from such a survey, the resultant syllabus might suggest the first class period be spent brainstorming definitions and examples of "behavior changing."

A computer analysis of all 4,290 cells would most likely yield clusters of activities, materials, etc. that would cut across a number of roles. In such cases, blocks of experiences could be scheduled to deal with the similarities ("generalist") and dissimilarities ("specialist") of the expectations of the role(s). This might sound great, but it leads to exasperating difficulties when block-timing runs headon into an academic and workaday world that have no blocks in common.

College systems work within time blocks measured in hours. One class meets from 8:00 a.m. till 9:00 a.m. on Mondays, Wednesdays, and Fridays. Another class meets from 7:00 p.m. till 10:00 p.m. on Tuesdays. You know the rest. So what happens to the forces within that system when you suggest a curriculum composed of courses that have no preset time limits in terms of days of the week, let alone hours of the day? Right! Things just got bogged down in red tape and prevented the curriculum committee from acting on my proposed curriculum change. The state advisory committee on mental health education was asked to appoint a subcommittee to carry out a feasibility study on my proposal. Right! That got side-lined somewhere along the bureaucratic ladder. I have also asked for help on the survey and analysis from two of the largest projects in the country dealing with mental health workers. The responses are still in the promisory stage.

This new kind of curriculum also proposes another type of major problem that has caused many potential supporters to take a thumbs down stance on the entire matter. This problem is one of having an ever-ready team of persons available to the students as resources in their search for answers and solutions. It apparently is impossible for most administrators and legislators to accept the idea of having "employees" on a standby basis. Punching a time clock seems to make better sense to them than does improvement of the system for training people to help human beings. To talk about cost and time accounting in this context makes no sense.

I am sure that I have said as many negative things at this point as I have said positive. I hope it is clear that I do not in any way mean to demean or discount or cast a shadow upon any given person, agency, or institution. My criticisms are intended only in a general way and are aimed at theories and systems. I hope that I have not made a single critical observation without suggesting constructive alternatives. This is particularly true with regards to my involvement in the Community College Mental Health Workers Project and the related staff of the Southern Regional Education Board. If there is any credit in my program, then SREB personnel and participants deserve much of the thanks. I accept full responsibility for the inadequacies and failures of my own program. The project has given me an opportunity to learn and teach and otherwise share many rewarding experiences with others who are concerned with the education of two-year mental health workers.

I had a friend who flunked out of high school and wound up with a low-paying, unrewarding job in industry. He had drawn cartoons and sketches for the school newspaper and annual. I was impressed by his talent. He got a few breaks and eventually founded a lucrative business in commercial art. Many of my friends in primary, secondary, and higher education were not so fortunate. Our teacher felt that we could paint well only if we painted exactly what she told us to paint the way she wanted us to paint it. It had to match up to her standards of "proper" painting. The creative process was systematically destroyed or irreparably damaged in most of us through such conditioning. When we entered the first grade we were all expected to be able to write our names, tell where we lived, and give our father's occupation. There was another set of things we were all expected to know when we were promoted to the second grade. I believe that such a model is the most tragic, inhumane, sickening part of the classical education system.

My program operates within the framework of an "open-door" institution concept. I have a deep respect for that theory and have applied it in my program. A student can enter my program with an I.Q. of 80 - that's all right and he's okay. He can be five feet tall and weigh four hundred pounds - that's all right and he's okay. He can graduate from my program with an I.Q. of 80 and still weigh four hundred pounds - that's all right and he's okay. The fact that I might not like things about a person does not preclude my accepting them - unconditionally.

There is only one criterion for feeling that any and every student (person) is okay and unconditionally acceptable - that I feel acceptable to myself and okay about ME. When I don't feel that a person is okay, when I can't accept them for who they are and where they are and where they're coming from, then I have to start looking at what it is in me that's making me feel bad about myself in the presence of that person. I have found that the most simple thing to do to correct the situation is the most difficult thing for me to do. I tell them about my feelings concerning them. Since my feelings are stopping me from getting where they are, I have to take a chance on being vulnerable by letting them know where I am. The few times this has failed makes the many successes well worth the risk. When I am in a one-to-one relationship with a strong, large, and fearsome looking mental patient who behaves in ways I'm not used to seeing people behave in, he frightens me. The only strategy I am comfortable with is to tell him that he scares the hell out of me. I have seldom failed to get where such a person is by letting them know where I am. I am convinced that such a strategy is useful as a problem-solving philosophy for human helpers dealing with person problems.

When I graduated from high school, I was totally naive as to what I wanted to become - what I wanted to do with my life. And no one came looking for me to tell me all about it. Two assumptions can be made at this point: either I was to blame or someone else was to blame. That is not my conclusion. I feel that the system is to blame. The information had simply not been exchanged between me and the world. There was no functional communication system whereby I could share my desires with others who were interested and might be in a position to help me. I have not tried to change that system much in my program. I'm not sure if it's a cop-out, but there were always enough students to justify offering the various classes. But I do believe that the program offerings should be readily available to all interested persons through a common knowledge market. I think there should be some vehicle by which potential human service workers could become aware of their potential and apprised of all alternatives available for the development of that potential. The only solution I've been able to come up with on that problem involves a total reorganization of and revolution within the public school system. I am not quite ready to bite off that sized chunk, but I would like to share my ideas on the matter with you.

When I look back on my eighteen years as a student and try to polarize my feelings about its various components between good feelings and bad feelings, there appears to be a distinct difference between the two. The part I didn't like was the object-symbol-thing manipulation, especially when it was devoid of significance to my own life. What I felt good about were the occasions of relating with the other people who were involved. This most ofen occurred during educationally oblique times: play period, gym period, lunch period, and other such non-academic times when my behavior was not so programmed within sterile, inhuman structure. Anything I could say at this point would be redundant to what A. S. Neil has said in Summerhill, so I won't attempt that. I hope you can see at this point what I am implying about the public school system. I suppose such an idea would make most educators color me pink, if not red!

If it is not yet apparent, I can assure you that I have faced many problems in this program. Some I have solved in a manner that has been satisfactory to me. Many of these problems remain. There are many problems whose solutions are, I feel, beyond my control. This doesn't mean I won't keep trying to solve them. It does mean that help could be useful - in many cases it is imperative. The areas of testing and grading, recruiting, selecting and screening, evaluation and follow-up, coordination, supervision, placing, employing, paying, and system-changing are only a few of the major problems that face a mental health worker program. I think that curriculum design is the key to shedding light on many of these problems. I don't feel that a successful curriculum is one that produces automatons - computerized, programmed, robot technologists who can perform and produce in an efficient, effective manner. Neither do I feel that a successful curriculum is one which issues a degree to beautiful, loving, lovable cream-puffs. I think there is merit in each, but only if they occur together. I can look at the world only through my own eyes - but the world is my glasses. I can look at myself only through a mirror - but the world is my mirror. My glasses and my mirror determine how I see. Those last three sentences were a preface to my saying that I have integrated portions of each into my curriculum - only because I have done the same thing in my SELF.

I feel that the toughest problem I have faced thus far in my program is in finding understanding of and support for Human Relations Training Laboratories. People can't seem to get past their "reactions" to fear of the unknown and "respond" to the reality of the situation. Based largely, I believe, on a jaundiced picture portrayed in the mass media (the ever-present search of the journalists for sensational copy) and the resultant fantasies of the ignorant. I have been misunderstood by persons from the bottom to the top of the social heap as a result of that very ignorance and fear. A "small, quiet, conservative" school in a "small, quiet, conservative" town in the South can't tolerate those kinds of "goings-on." If my words sound bitter, it is because I am bitter. When asked to explain or describe my labs, I always wound up with the same conclusion I drew from those phone calls I mentioned earlier - "You'll just have to go to a lab and find out." Sure, I always recommended the "right" books and journal articles to read but that never seemed to be followed up. The part of my program that I perceive as its foundation, the part that has so much of me in it, has been the least understood and accepted. I use highly qualified and respected psychiatrists, doctorate-level psychologists, and other human service professionals in my labs and still see lifted eyebrows. I mention these things by way of asking you to be cautious if you use labs without the social sanction of your community. I can only hope for a brighter day when there is room for progress and growth within the bricks and mortar of a rigid system.

A related problem, and the last one I will speak of, concerns public relations and public support. I was hired to train people for whom there were no jobs. The state had not written or acted on a job description, no one in the agencies knew anything about Mental Health

Associates and were therefore unwilling to request funds to employ them, and no one was employed to do public relations to obtain public support. Even though I made considerable efforts to enact the role of public relations officer, I had great difficulty pulling it off. I was totally untrained in that area and was sabotaged by a representative of a state department. There was no way I could direct a program, supervise field placement, teach twenty to thirty hours a week, and get much done in the way of selling thirty-two counties the idea of Mental Health Generalist - "Have two year degree - will perform miracles!" The resistance of the professional community was something to behold, particularly from the nursing area. That professional resistance created very real problems in the way of planning and implementing meaningful field placement experiences. Not being able to stand guard over two dozen students, spread out over as many agencies, I had to rely on agency personnel for supervision and direction. What I got was not something that left nothing to be desired! For the few professionals who believed in the program and gave so much of themselves to the students, I am eternally grateful. My prior statement concerning caution also holds here - make sure the support is there before placing any priorities on teaching and training.

I have not yet ventured to tell you in an explicit manner exactly how I think a mental health program *should* be - indeed, how all education should be. The concept is so radical, with respects to my cultural milieu, that I have never discussed its possible implementation within the system which I work. I think students should be assigned a small group of clients on the day they enter the program and instructed to meet all the needs of those clients or make sure those needs are met. During the two-years of the program, each student would carry a load of six to twelve such clients. The students would also be assigned to small groups of six to twelve other mental health students - for support, nurture, maintenance, seminars, rap sessions, or anything else they decided to do as a group. The program staff would serve as a resource to the students, individually or in groups. The students would decide what kinds of help they needed, who they needed it from, and when they needed it. There would be *no* curriculum prefabricated ahead of time by a staff which sits back and dictates *needs* of others and works to meet *those* needs, whether the needs are real or not. Just as the students would be helping their clients learn problem-solving strategies, the program staff would help the students learn problem-solving strategies. I think you can begin to see that the awesome expenditures for "structures" (dorms, labs, classrooms, offices, etc.) in the classical education system would be decreased drastically by this system. Instructors would have more free time from boring chores to be involved in their own development. Teaching materials would have to be creative and current in order to be relevant. Each day of encounter between and among students and staff would be an adventure of mutual search and the process of learning would be able to grow to its full potential of excitement and fulfillment.

In summarizing, I would like to again refer to that earlier portion of this article where I said that in a dozen phone calls, people responded to my panic by suggesting that I attend a human relations training lab. That is my conclusion when I look back on the past seven years. I suggest that human relations training (in group theory, group process, group dynamics, etc.) is the key to curriculum development for mental health worker programs. It may not be the only key, but it is the one with which I am most familiar. I believe that there are two antitheses to reality - to go one route makes you a victim that is persecuted by society; to go the other route makes you a rescuer of the persecuted victims. Persons in the "victim" category refuse to get where other people are until other people get where they are. Persons in the "persecutor" category don't know how to get where other people are or how to let other people know where they are. The last category consists of those persons who know where they are, want to let other people know where they are, want to get where other people are, want to help others get where they are and, if they don't know how to do these things, want to help them learn. To help others learn how to do these things, I feel you must first know how to do them yourself. Even though I have used the phrase "how to" a number of times, I hope that you have consistently interpreted it to mean "how I do it." At least that has been my intention throughout. I wanted to tell my story and I did, or at least some of it. I'm glad you listened and I hope it has been rewarding to you. If it has, let me know, so I'll go on doing it!

Unique Features

Perhaps the most unique features of this training program are the group courses and the human relations training labs, so they will be covered in some detail at this time:

Group Processes and Dynamics I - This course represents the student's initiation into the world of intense, small group processes. It is assumed that all students are fragile and naive to begin with, so a very soft approach to encounter and interpersonal interaction is taken. Students work in small groups under the instructor's supervision. Psycho-social "games" are played and discussed, such as "Blacks--Whites," "Man--Woman," and "Insight." A given game is generally played for the first one and one-half hours of the class, then the last thirty minutes are used to "debrief" any feelings generated during the game, to discuss the nature and essence of the game, and to debate application or use of the game in the Mental Health System, e.g., to use it with certain clients at certain stages of their involvement in the system. After process-type games, more personal experiences are used, such as the Dyadic Encounter training programs published by N.T.L. This type of experience generally takes the remainder of the quarter, with the instructor serving to facilitate understanding of interpersonal dynamics in small group processes. This leads into the first "lab" near the end of the first quarter.

Human Relations Training I -- This is a four-day "personal growth" lab held at a retreat setting. It is patterned generally after similar labs done by National Training Laboratories and other such "human potential" training organizations. Using a T-group type of approach to small group work, students learn to be aware that they have feelings, to own their feelings, and take responsibility for doing something about those feelings. "Community" exercises focus on sensory awareness training and sensitivity training, which feeds immediate emotional and interpersonal experiences into small groups.

Group Processes and Dynamics II -- This course uses "structured exercises," such as those published in pamphlet form by N.T.L., and University Associates, to simulate situations of interpersonal interaction. An example of a structured exercise which might be used has to do with one-way communication as opposed to two-way communication. Students experiment with two distinct methods of communicating and discuss the relative advantages and disadvantages of each. Life experiences are explored where one or the other type of communication was used which significantly affected the person. Implications for mental health workers are explored, where one type might be more effective than the other in working with people. This course then leads into the lab held near the end of the second quarter.

Human Relations Training II -- This is a four-day lab which is generally referred to as sensitivity training. It is seen as the next logical step to build upon experiences and learnings gained from the first two group courses and the first lab. Here the focus is on interpersonal sensitivity--being aware of and sensitive to the emotional processes of another person, particularly in a group setting. Effective ways of using such sensitivity within the context of an interpersonal experience are learned. This lab also uses community exercises in a T-group type format for small groups.

Group Processes and Dynamics III -- This course expands upon the sensory awareness training which took place primarily in the first lab and secondarily in the second lab. In a structured situation, non-verbal modes of communication are explored and discussed and related to mental health system situations where they might be helpful. An example of this training would be learning how to use fingerpaints to initiate a relationship with a retarded child who does not talk. The greatest emphasis in this course in non-verbal modes of communication is on body language, i.e., being perceptive to it and "reading" it accurately. Many modes are explored, including modeling clay, Tinker Toys, music, and others.

Human Relations Training III -- This lab is structured much like the Basic Labs done by N.T.L. -- using T-groups in their more pure form. The primary objective is to help students focus on group processes and group dynamics by experiencing a group in a vacuum and exploring the dynamics or causes of that experience. The vacuum is caused by the absence of a group task or a specified group structure. The only task, per se, is to experience the experience!

Group Processes and Dynamics IV -- This course is a programmed approach to Interpersonal Communications Skills Training, using a training manual of the same title produced by Northwest Regional Laboratories and published by Xicom. This manual works through many aspects of interpersonal communication in a step-like fashion. Each student is involved in an experience which magnifies an aspect of interpersonal communication so that the individual's behavior is demonstrated to others, who in turn give the "actor" feedback on how well the communication skill was employed. Practice sessions afford the student an opportunity to improve the various skills or aspects of such skills in interpersonal communication.

Human Relations Training IV -- This four-day lab focuses on authority and hangups about authority, aggression and methods of using aggressive feelings creatively, and certain aspects of group dynamics. The Tavistock approach is adapted to this lab to explore analytical interpretations of group processes and dynamics. Students meet in small groups and trainers limit their shared observations to those to which they can attach analytical interpretations about dynamics.

Group Processes and Dynamics V -- This course covers the theory of Transactional Analysis as conceived by Eric Berne, Thomas Harris, Claude Steiner, Martie Groder, and others. Gestalt exercises are used in the process of exploring one's self and experiences are interpreted in T.A. terminology. Script work makes up the majority of the course with time occasionally devoted to game analysis.

Human Relations Training V -- This lab is held for three-days prior to beginning Group V during the 5th quarter. It is a T.A. marathon with theory of structural analysis, transactional analysis, game analysis, and script analysis integrated with Gestalt experiences during life script work.

Group Processes and Dynamics VI -- This course is on marriage counseling and family therapy, emphasizing Virginia Satir's approach. Theories and techniques are explored in class, using structured exercises, fantasies, and Gestalt work. Students complete structured exercises with their "real" or "simulated" nuclear families and discuss experiences in class, focussing on outcomes and alternatives. This course also offers the students an opportunity to synthesize and personalize learnings from all other life experiences, particularly earlier group classes and training labs. Students practice process interventions within the group, using knowledge and skills learned earlier.

Human Relations Training VI -- This is a four-day lab at a retreat which focusses on team-building skills and helping relationships. The training design is an eclectic one, where whatever looks or feels like it might work is used by the staff to facilitate student learning in the experience. Family groups, support groups, cross-groups, developmental groups, and other types of groupings are used to meet different needs. Much work is done in the total learning community. Again, as in Group V--an eclectic approach is emphasized, maximizing each student's opportunity to synthesize and personalize learnings from previous classes and labs.

Perhaps the most unique feature of the program is its changing nature. New and creative ideas are constantly being explored--in every aspect of the curriculum--in process as well as in content.

This "most unique feature" of the training program at Wayne has variously been referred to as "group work." This relatively new area of human potentials training has been controversial at the highest levels of the human services profession. The fact that a two-year curriculum emphasizes it as much as does Wayne Community College has generated many questions, some of which follow. The answers are ad lib and represent more of an attitude than a brief before the Supreme Court. If nothing more, they are offered as targets through which to shoot holes. More definitive and defensible answers will probably accrue to researchers over the coming years.

Question: What is "group work"? Can it be defined, described, or explained? What are some examples of group work?

Response: For each opponent and proponent of group work, there seems to be a different definition for the term. Another definition at this juncture would probably add nothing new. Differing definitions for group work might well be as futile as expecting the odor of a rose to change by calling the rose by a different name. The problem of denotation in group work is no greater than the terminology problem of the human services in general, i.e., soft words [illegible] soft language. The vocabulary of the human services is vague in general and subject to change with a changing social system. The tremendous proliferation of publications concerning group work during the past few years has not solved the communication problem. A joint effort to standardize the group work jargon is probably due. Resistance seems to be based upon a fear that standardizing the language means standardizing group work. The substance in such a fear remains to be seen. (Read Jane Howard's Please Touch for examples of group work.)

Question: Is there a difference between group work and group therapy? If so, should one or the other, both, neither, or a little of each be in mental health training programs?

Response: Everything that is basic to group work is basic to group therapy, as well as being basic to many other group activities, e.g., athletic teams, military units, bridge clubs, etc. The converse does not hold, i.e., everything that is basic to group therapy is not necessarily basic to group work. Group therapy can be one type of focus for group work. Most training programs put the cart before the horse, i.e., training in group work should precede training in group therapy, rather than training in group therapy being offered as a self-contained system without previous training in group work. The specific dynamics and processes of group therapy become more comprehensible in light of understanding the dynamics and processes generic to all types of groups under all types of conditions. The "content" of different types of groups varies greatly--the basic "processes" remain the same regardless of specific content. A basic understanding of how groups function (e.g., group theory, group processes, group dynamics, etc.) should be a priority in any mental health training program. Depending upon available time and resources, specific focii (like group therapy) can be prioritized and accommodated. A logical ordering of priorities might be (1) personal growth, (2) interpersonal communications, (3) group processes, (4) group dynamics, and (5) the helping relationship. It is not that any of these could or should operate independently of the others, but rather that each builds upon the previous one. Most training programs focus on the helping relationship (mostly in the form of specific methods of therapy or counseling) to the exclusion of the other processes.

Question: Can individual goals and objectives be as effectively accomplished in one-to-one (dyadic) relationships as in groups? Or do you need one or the other, both, neither, or a little of each?

Response: Anything that can be accomplished in a dyadic relationship can be accomplished in a group, but many things can be accomplished in a group that cannot be accomplished in a dyadic relationship. Elements of relationships are more effective and efficient in groups than in one-to-one relationships, both qualitatively and quantatively. Logistically speaking, if the mental health system is going to respond to as many needs of as many persons as possible, dyadic training/counseling/therapy is impractical, unrealistic, irrational and illogical. Dyadic relationships cannot be escaped in groups, but they offer easy escape from the reality of groups and, therefore, escape from reality. If a group is three or more persons sharing time and space in working towards a common goal, then most persons begin life in a group--usually with a mother and father. The real basis of group work--and all of reality--must begin with the processes and dynamics associated with groups (or, as the popular song almost goes: "Where three or more of you are gathered...")

Question: What are the alternatives, if any, to group work?

Response: An alternative to group work is one-to-one work such as is typically used in psychoanalysis, casework, and individual counseling and therapy. These forms are significantly less meaningful than group work but probably better than nothing at all. Such dyadic relationships are much like loneliness; they are like fantasies--retreats from the high risk demands of the reality of groups.

Question: Does group behavior generalize to situations outside the group?

Response: In-group behavior generalizes to out-of-group behavior only to the degree that stimuli, responses, reinforcers, and schedules of reinforcement in the two situations are similar. Principles of learning theory and conditioning theory apply to the above situations--just as they apply to all situations of human behavior.

Question: Can a "group atmosphere" be developed in situations other than "group work" situations?

Response: The definitional problem cited earlier applies here i.e., what is meant by the term "group atmosphere"? It seems that for each group-work person there is a different set of characteristics necessary to achieve the "right" atmosphere. Some theorists (some-time practitioners) specify the "right" ingredient as trust, others empathy, others openness, and on and on--and others espouse combinations of these and other ingredients. There is probably no one group atmosphere common to all groups -certainly no one "right" atmosphere. Rather any given group has a certain atmosphere at any point in time because that happens to be the atmosphere that group has decided to develop at that point in time. This latter statement may sound superficial or teleological, but at least believing it can take some of the weight off a group leader's messianic shoulders.

Question: Can group work be justified if people are in it just for the sake of being in it? Especially in the mental health/human services system? (This is whether or not there is transfer of learning, generalization, or application to other situations).

Response: Certain labels are assigned to persons who appear to be participating in group work simply for the sake of participating in group work. These labels are not all that laudatory, e.g., "lab bums" and "circuit riders". Perhaps the assumption underlying such demeaning labels is that they ("lab bums" etc.) are unfortunate beings whose meaning in life has been lost and who lack the necessary motivation to go on living without the meaninglessness of their lives being ameliorated by the saving grace of group work. If the sayings "art for the sake of art" and "learning for the sake of learning" have any philosophical meaning beyond their specific superficial content, then "group work for the sake of group work" cannot reasonably be excluded, discounted, or rejected as worthless. If a person gets absolutely nothing whatsoever from being in a group except what is gotten while in the group, then being in the group is phenomenologically and existentialistically justified. One can always idealistically hope that the meaning of being in a group will go beyond the temporal and spatial parameters of the actual experience. Such an idealistic hope in no way alters the hedonistic realities of the experience. If this is not true for any and all of the content of life experiences, then how can anyone ever justify gazing upon a work of art and making sense out of how good it makes one feel?

Question: Is there a need for a detailed and systematic documentation of group work and group experiences being used in mental health training programs?

Response: There is a tremendous need for information about group work in mental health/human services training programs. The free and open exchange of data concerning group work is one of the few scientifically sound answers to the many questions being asked about group work by both professionals and lay persons. There are a number of professional journals now publishing articles on the general topic of group work with some specializing in the area of mental health and others specializing in the area of training and education. Perhaps monographs and books of readings would serve more adequately to inform persons in the field who need more information on this topic. It appears that mental health/human services training programs in two-year colleges represent the largest single group of users of group work with reference to the mental health field and the field of education. Information about group work in these programs is critically needed and should be a high priority on publishers' lists.

Question: Are there functional and/or statistical relationships between group work and other variables (e.g., curriculum courses, college atmosphere, geographic location, student demography, etc.,) and, if so, what are the effects of such relationships upon students?

Response: Any one who can provide an answer to this question should definitely stand up, step forward, and be counted! This is an extremely important area of inquiry to have received so little attention and investigation. Dr. E. Jo Baker has a major publication that touches on some of these areas, Middle-Level Workers: Characteristics, Training and Utilization of Mental Health Associate (1975). This work was done under contract for the Community College Mental Health Worker Project of the Southern Regional Education Board. Another study is currently being done by Dr. John E. True at Johns-Hopkins University in the Center for Human Services Research. Dr. True founded the first two-year associate degree program in Mental Health Technology in the early 60's while located at the Fort Wayne Campus of Purdue University. It is incredulous that so many dollars, hours, and pints of blood have gone into group work in mental health training programs and yet so little effort invested in accounting for the validity and worth of such training.

Question: Does "programming" group work and group experiences into an educational time/place format alter the nature of the experiences?

Response: Even though the specific influences of the educational setting on group work need to be closely and carefully researched, the larger picture should be kept in mind, i.e. that all group experiences are controlled to some degree by time and place constraints. The effects of educational setting variables on group work need to be looked at relative to the effects of other situational variables. The educational "place" most certainly represents a unique set of socio-physical parameters which probably dictate unique effects. There is a growing body of knowledge concerning socio-physical parameters of group work and it should behoove mental health training staff to consider implications of the educational place for group work. At least one thing seems quite certain when examining educational facilities--they are far from conducive to desired outcomes of group work. The influence of time variables upon group experience is the focus of a good deal of research. The data suggest that the ideal situation is an unlimited amount of time. This suggestion runs counter to the classical assumption that groups will complete whatever amount of work assigned them in the time available to do the work. There is some research support for the latter assumption. Contradictory results from such research on group effects as being time dependent might be due to the failure of experimenters to control for such variables as content, focus, objectives, norms, participant personalities, and leader styles. More conclusive research on time variables is imperative to the needs of educators operating under constraints of classes, quarters and semesters, sessions, etc.

Question: Are there multiple theraputic resources in a group or do groups represent nothing more than collective ignorance where the blind lead the blind, i.e., do group members help each other, hurt each other, neither, both, or a little of each?

Response: There is very little experimentation that speaks directly to this issue of prepost change being a demonstrable function of the group experience. In most cases where a prepost change method of assessment has been applied, follow-up testing has generally been inadequate. Some studies have shown that group participants change as a function of the style of the group leader. Little research has been aimed at participant change as a function of participant variables. Until more definitive research answers the questions above, armchair philosophy will undoubtedly prevail (such as the following, for example). In some cases a number of group members will apparently hurt or attempt to hurt another group member or group members. If the remainder of the participants are trying to be helpful but still can't stop the hurting behavior, then the leader should be in an okay position to change the behavior of the hurting member(s) or ask him/her to leave the group. This leader behavior is in order with the contract, since his/her task is to facilitate the group in doing what the group decides to do. In this case, the majority of the group members wanted to stop the behavior of the person(s) causing hurt and help the person being hurt. This is not meant to represent an underestimation of the power of a group to bring its members in line with the group (majority) norms nor the dangers inherent in authoritarian interventions in group processes by the leader. On the other hand, one should never underestimate the type and degree of damage that can occur to a vulnerable person or a person in a vulnerable position as a result of the behavior of an insensitive and hostile person. Generally speaking, groups are extremely sensitive to situations where permanent emotional damage seems apparent and resolve such problems with finesse. Ultimately, the group work movement espouses a type of Socratic learning process. Both Socrates and his followers emerged from their dialogues in the streets of Athens with new learnings--as more learned men. Who will venture to suggest that the method of inquiry used by Socrates was a case of the blind leading the blind?

Question: Is the use of groups new or are new things occuring in groups (such as experimenting with unique techniques)?

Response: Superficially, this could be viewed as a trivial question, since most everyone is aware of the empirical support of the notion that man has always existed in groups of one form or another--from bands of European nomads to modern day communes and Kibbutzims. Groups of one form or another have probably been experimenting with new techniques all along the course of human history. Man is probably not so different that there have not always been special groups dealing with types of things now covered in therapy groups, T-groups, encounter groups, marriage counseling groups, etc. The main thing that differentiates today's groups is the systematic use of techniques which have specialized effects--effects people feel a need for and are glad for after the experience. The speed of modern communication and transportation has impacted upon most facets of human endeavor and is probably mainly responsible for the astronomical growth rate of group work. Along with such progress comes a more complex life which increases the need for group experiences. Effective group techniques are discovered in one part of the world and are immediately shared with the rest of the world. Even if the people do not need or want group experiences more now than in the past, at least such experiences are much more readily available to ever increasing numbers of people.

Question: Research indicates that group work shows significant differences in levels of effectiveness on some dimensions in comparing minority and majority group members and when comparing different minority groups against each other. How does this issue relate to the use of group work with groups of differing compositions?

Response: This area of research has left far too many questions begging, such as whether or not participants were in groups by free choice and whether their attendance was voluntary or forced? A second question is whether the leaders or trainers were members of the same minority group as the participants? A third question that needs to be asked is whether the groups were homogeneous or heterogeneous on minority demographic variables? Other important questions deal with the location of the group (rural, urban, North, South, Esalen, Bethel, etc.), the length of the group (one day, a weekend, two weeks, a marathon etc.), the purpose of the group (encounter, confrontaton, sensory awareness, therapy, conflict management and resolution, etc.), and the training of the leaders (credentials, style, salary, etc.). There are certainly too many unexamined variables as of now to place undue weight on the results of these early studies. The fact remains that there is a tremendous need for controlled research in this area and all other areas of group work.

Question: Must all human services/mental health training programs have group work in order to graduate acceptable persons and workers?

Response: This question is "loaded"--from the "Must" to the "acceptable." Some people undoubtedly "know" what constitutes an "acceptable" person and would not "graduate" a person who was not "accceptable" and would not hesitate to state in unequivocal terms that all programs "must" have "group work". Until research removes the above quotation marks--or removes the words inside the quotation marks--the question remains a moot one. Unfortunately, there are those who will not be mute on stating the "facts" while awaiting the outcome of such research--research that most likely will not be done by those who vocalize such quotable quotes.

Question: How much responsibility should the director of a human services/mental health training program assume for the growth of his/her individual students, trainees or workers--particularly as such growth relates to group work?

Response: As much as he/she wants to assume, needs to assume, and feels comfortable assuming.

Question: Can the administrative personnel for a human services/mental health training program function effectively as group leaders in group work and growth experiences for the students, trainees, or employees he/she is administratively "over"--or do the roles conflict?

Response: There is an old saying about no one being able to be all things to all persons. There is another old saying about no one being able to serve two masters. These old sayings represent two sides of a hypothetical coin. There is something between the two sides of a coin, just as there is another old saying about never the two shall meet. The latter saying applies to the two earlier sayings just as it applies to the two sides of a coin. Such is the nature of roles and role conflict. What is often left out of topical explications on role theory is the conflict derived from the perception of another person functioning in different roles. Expectancy theory would suggest that predicting someone else to experience conflict between different roles would lead one to perceive such conflict--whether it was real or not. This essentially leaves the perceiver with role conflict in the form of cognitive dissonance. If neither the admininstrator/teacher/leader nor employee/student/ trainee experiences/perceives role conflict, then the answer to the question is "yes". In the event either party experiences or perceives the other experiencing conflict, then the answer is "no." Because our society places the leader/ect. in a horizontal strata above the trainee/etc. and builds authority hangups into our socialization process, the trainee is more likely to perceive role conflict than the trainer is likely to experience role conflict. For trainers not aware of this dynamic, the consequent processes of "growth" might be more apparent than real.

Question: How can you force a person to participate in group work if he/she doesn't want to be involved?

Response: You can't! To force a person into a group, you would have to have fate (i.e., life and death) control over them. This is not the case with directors of human services/mental health worker training programs. Even to "require" participation in group work in order to earn a degree or salary does not preclude a continued life for the student/trainee/employee. How many students are going to die as a result of not meeting graduation requirments? How many workers are going to starve to death as a result of losing their jobs? The real question that needs to be looked at here concerns the person doing the "forcing." A program director might as well require his/her students or employees to drive only cars with disc brakes as to require participation in group work. One requirement appears as totalitarian as the other...

Question: Should barriers such as screening and testing come at the beginning of a training program for human services/mental health workers, during the program, or at the end of the program?

Response: There should be no barriers at any point, at least not while educational training programs continue to function in a vacuum isolated from and unrelated to any other parameter of life and reality. There is little or no relationship between overcoming educational barriers and overcoming barriers during later life--such as finding a job after graduating from college, or doing effective therapy after getting an A+ in an Abnormal Psychology course. Recent Supreme Court decisions would indicate a pervasive dearth of functional relationships having been validily and reliably demonstrated between educational and psychological tests and measurements in general and successful performance in other life experiences (see, for example, Griggs versus Duke Power Company).

Question: Does performance in group work during training increase the probability of later job success for human services/mental health workers?

Response: See the research on this question--if you can find any!

Question: Can group experiences be used to screen and select mental health trainees for other types of training experiences where the prediction of successful performance will be higher?

Response: Again, this is an area ripe for controlled research. Until experimental results are available, the answer to this question is the same as for the previous one--it's anybody's guess!

Question: There is an assumption that groups will have an experience, whether they are supposed to or not (i.e., whether or not it's on the agenda)-that groups do what they decide to do. If this is true, then what is the need for leaders in group work situations in human services/ mental health training programs?

Response: NONE...unless the leader has a need to impose a certain type of experience upon the group and feels that he/she can accomplish such a goal. This seems to be the thinking of most leaders in group work where the leader has a set of objectives he/she wants the group to attain to and assumes the objectives are best met through the influence of a leader. This is an okay state of the art so long as the leader makes his/her objectives explicit to the group. The training contract, whether or not in an educational setting and whether or not in the field of mental health, calls for the trainer to change the trainee. Leaders who are honest about this change contract concerning leader objectives don't generally have any problems accepting the contract. However, leaders getting trainees to accept his/her objectives is often another horse!

Question: Should there be licensure for group leaders and certification for group work programs? If so, who would set the standards and who should uphold them? What should the standards consist of? Should licensure be private, governmental, state, federal, professional, etc.?

Response: A recent television commerical about one of the nation's largest manufacturers of computers, copying machines, and other information processing systems portrayed a corporate executive in a moment of silence and solitude trying to reach a decision after processing some information. The caption flickers across the screen: "Not just data...

reality!" And so it is with licensure and certification...they are realities for most all persons who are in the business of changing other people, particularly for the allied health professions. The answers to these questions are available from the International Association of Applied Social Scientists and other professional organizations.

Question: Can a person lead a group and participate in it at the same time?

Response: A group leader cannot be leading a group if he/she is not participating in it. The leader is simply the most effective member of the group. The leader feels more comfortable breaking group norms set by the majority membership than do the other participants. The leader knows that he/she does not have the strange and unusual powers attributed to him/her by most group members. Such powers are vested in persons in positions of authority who are misperceived as authority figures because of authority hangups held by the group members. Such feelings are real, even though they are irrational and illogical, since a leader can have only that amount of power given to him/her by the group. When a group "authorizes" a leader to do work for it, then the amount of power that is given the leader is simply that amount necessary to do the work. The leader must be aware of such power issues and control struggles in order to be a participating group member. In the final analysis, a group does what it has decided to do, not what the leader has decided for it to do. So what becomes paramount is the reason underlying the behavior of the group members. The dynamic can be authority hangups or reality-oriented, goal-directed behavior.

Question: Is there any truth to the notion that group leaders are quacks--magicians with a bag of tricks or technicians with a box of tools?

Response: Contrary to popular belief, group facilitators do not have a "bag of tricks" from which they can draw prefab solutions to group problems. Group leaders have a repertoire of strategies which they have experienced in the past or created in their heads during fantasied experiences or which come together during a here and now experience. At any point in time of group process, the facilitator might decide that one of these strategies is worth recommending to the group. The group can then decide whether or not it wants to try the strategy. This does not mean that there are not plenty of persons billing themselves as group facilitators who are ineffective in such a leadership role. The growing number of reports of "quack" trainers and "bad" trips would even indicate potential emotional harm to participants in the hands of such persons. At another level of concern about harmful group experiences are the new and popular "package" group experiences, using films, tapes, response booklets, etc. Magicians, technocrats, and cassette packages have led many persons to the misconceived conclusion that there is a technique (X) for every occasion (Y). Human relations training is not a matter of selecting a greeting card from a drug store display rack. Such a misconception runs counter to the notion of experience-based learning and might even be antithetical to the American ideal of every person being master of his/her own destiny.

Question: Does the very fact that training programs have group work impact on the mental health/human services sytems?

Response: There is very little evidence of systematic training in applied behavioral and social science theory and practice, such as process group experiences, in the mental health training system--except in the new two-year community college associate degree programs. A lot of people are beginning to notice these programs and are wondering about the strong emphasis on group work. These new professionals in human services/mental health are causing a small revolution in the delivery of helping services. The impact and implications of this revolution are reverberating through every echelon of the system. Eventually the average citizen will be deeply effected by this new movement. Most established professionals are already taking a hard look at the service system and are asking themselves questions about group work: could and should they use group work as either a vehicle for their own growth and/or a vehicle for rendering services to their clients? Most who have asked themselves these questions have sought answers. Now they're saying: "Try it, you'll like it!

Human Relations Training Theory

The reason most research has shown that most people have a good learning experience in groups is that humans are generally pleasure seeking - pain avoiding animals. This majority forces group norms to evolve/surface which maximize the potential for pleasureable (good) experiences and minimize the chance of painful (bad) experiences. With such a force operating in a group, there is little chance that many persons will have a bad experience ("psychotic break"). If this assumption is correct, then the research in this area (such as effects of leaders' styles influencing outcomes) would need to be replicated with better controls on this otherwise confounding variable.

Learning theory principles, particularly principles of social learning theory, explain most of the change that occurs in group participants. When a group member behaves (e.g., emotes), he is positively or negatively reinforced by the other group members depending upon whether they like or dislike, respectively, that behavior. The type of reinforcement given (i.e., positive or negative) is determined by whether the other person feels good or whether he feels bad about that behavior. This feeling factor is ascribed to the hedonistic principle mentioned earlier, i.e., when one group member does something another group member likes and makes him feel pleasure, he then gives positive reinforcement to the first person through warmth (touch, etc.) or praise (social reward), thereby increasing the probability of that person behaving in that way again in the future. In its strictest sense, this model could be labeled "behavior modification."

People don't practice behavior modification in groups out of any purposeful or conscious awareness. When people feel good about something they give spontaneous reinforcement. Strictly speaking, such spontaneity would dictate against the label of "behavior modification" since reinforcement is not being administered in any systematic, consistent, methodical, controlled manner. Such spontaneity is also responsible for the fact that verbal behavior decreases and non-verbal behavior increases in a group as a function of time. Spontaneous responses based upon feelings can be communicated in a more animalistic way: symbolic behavior, such as the use of language, is not needed when a person is seeking pleasure and avoiding pain.

Feedback, such as smiling at a person when they do something you like, is a way of writing a behavior modification program. It establishes contingencies of reinforcement which are going to govern the interpersonal relationship. The person who is smiling is saying (at least implicitly) that reinforcement will be delivered at any such time as that behavior which immediately preceded the smile is repeated. If enough members of a group smile at enough other members when they behave in a certain way, then a group norm is established. The norm states that pleasure will be derived from certain kinds of behavior. The reverse holds true for such behaviors as are followed by such feedback as frowns.

Individuals can also program themselves for change in a group. A group member can state that there are certain behaviors for which he would like positive reinforcement and others for which he would like negative reinforcement. The implicit communication is to the effect that he is going to change in certain ways. If the group is a pleasureable enough condition for that person, not to change would create cognitive dissonance. The person can actually create his own internal system of positive reinforcement through cognitive manipulations. If the person were talking out loud he might be saying something like this:

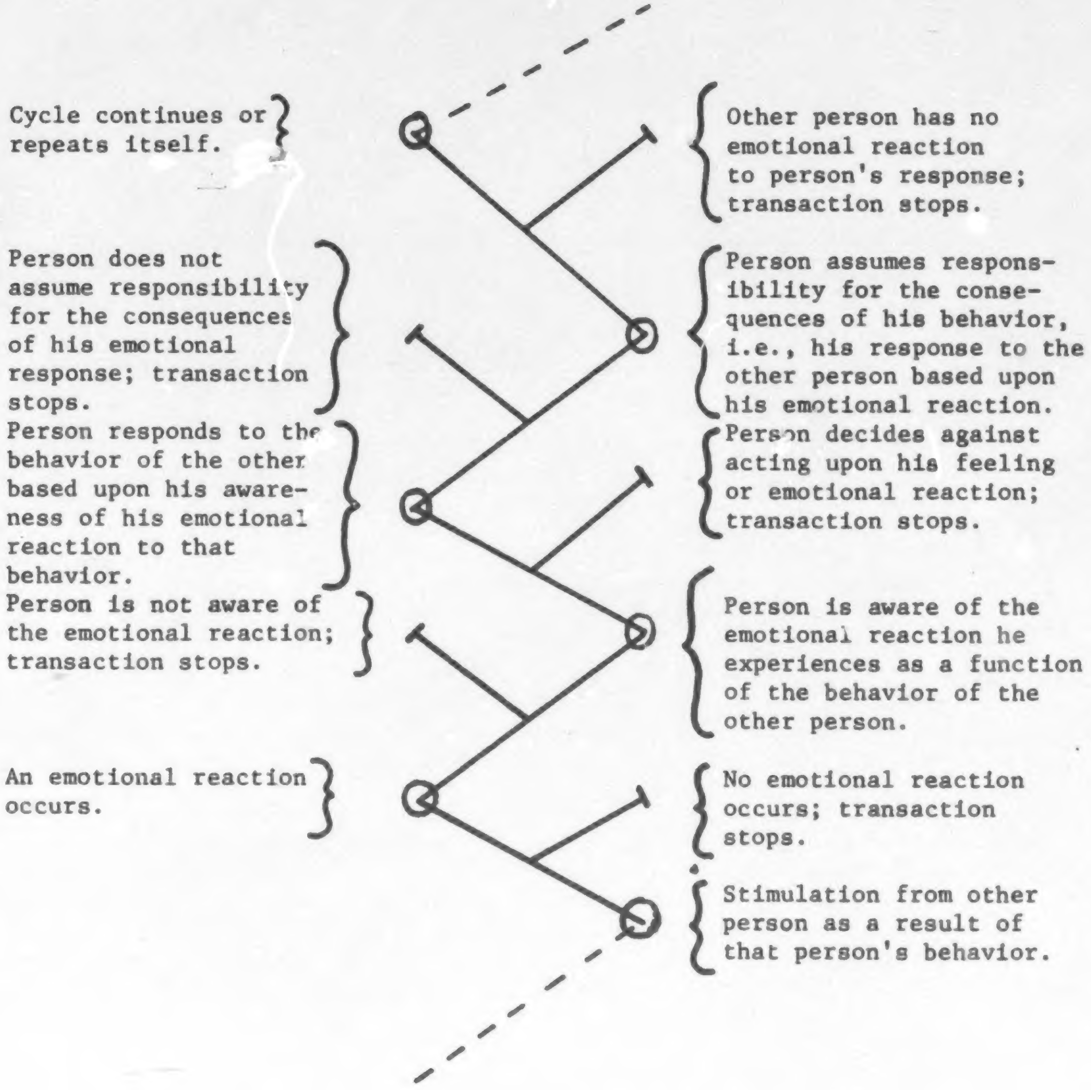
> "I like to be in this group because I get a lot of good feelings out of it. It is pleasureable to be a part of this group and it would be painful to have to leave the group. I have told these people that I would like to change my behavior in a certain way. If I don't change, they might not keep making me feel good. I will change so that I will not lose their favor."

There are a number of places along a continuum of an interpersonal transaction where the pathway bifurcates and decisions have to be made. When one person behaves in the presence of another person, the second person may or may not have any emotional reactions to the behavior. If there is no emotional reaction, then the transaction is over. If the second person has an emotional reaction to the behavior of the first person, he may or may not be aware of the reaction. If he is not aware of the reaction, then the transaction is complete. If the second person does have an emotional reaction and is aware of it, then he may or may not make a decision to respond to the other person and share the emotional reaction of which he is aware. If the decision is made not to respond, then the transaction stops. If the second person decides to share his emotional reaction, he may or may not assume responsibility for the consequences of responding. If he decides not to assume the responsibility, the transaction is over. If he decides to assume such responsibility, then his response becomes a behavior to which the first person may or may not have an emotional reaction. (This sequence is diagrammed in Figure 1). And so goes the cycle of interpersonal communication. (In those cases where it is stated that the transaction is over or complete, what is meant is that communication breaks down, stops, or a new communication is initiated by one or the other party.)

Laboratory education facilitates the flow of communication by bringing to light the above, ongoing processes and by allowing people to examine the dynamics which might be associated with those processes. An example as to how this might work involves listening to what people say and hearing the communication. Perhaps one reason people might not have emotional reactions to each other is that they do not really know the meaning of the other person's behavior. There are any number of procedures by which people can learn to be more effective and efficient listeners. The next step in this hypothetical sequence would be to help people learn how to be more aware of their emotional reactions when they have them. Again, there are many strategies for dealing with this problem, such as sensory awareness training. The next logical step, after a person has felt something and is aware of it, is to make a decision to respond or not. Here such training as perception checking and good ways for giving feedback could help the person learn to communicate better. And so on it goes, down to the assumption of responsibility for the consequences of one's behavior.

The Johari Windows concept offers an effective model for understanding the relationship between self-disclosure, perception checking, and feedback giving. This concept attempts to get at the circular nature of communications by saying that one person's self-disclosure and another persons's feedback are mirror images of each other, rather than being unique entities. This parallels the earlier suggestion that one person's emotional response, serves as the stimulus for another person's emotional reaction, whereby each person acts on the feelings of which he is aware within a given interpersonal relationship. The Johari Windows goes a step beyond the mere cycle itself and attempts to describe and label those circumstances in which people know or don't know where they are with each other. The part of a person which is hidden from him is that portion of his behavior which is seen as emotional reactions without conscious awareness. The secret part of a person refers to the emotional reactions he has and is aware of but has made a decision not to act upon, i.e., an emotional response is not shared with the other ("feedback").

Fig. 1. The Flow of Interpersonal Communication and Points of Stopping or Continuing a Single Transaction


Cycle continues or repeats itself.
Other person has no emotional reaction to person's response; transaction stops.
Person does not assume responsibility for the consequences of his emotional response; transaction stops.
Person assumes responsibility for the consequences of his behavior, i.e., his response to the other person based upon his emotional reaction.
Person responds to the behavior of the other based upon his awareness of his emotional reaction to that behavior.
Person decides against acting upon his feeling or emotional reaction; transaction stops.
Person is not aware of the emotional reaction; transaction stops.
Person is aware of the emotional reaction he experiences as a function of the behavior of the other person.
An emotional reaction occurs.
No emotional reaction occurs; transaction stops.
Stimulation from other person as a result of that person's behavior.

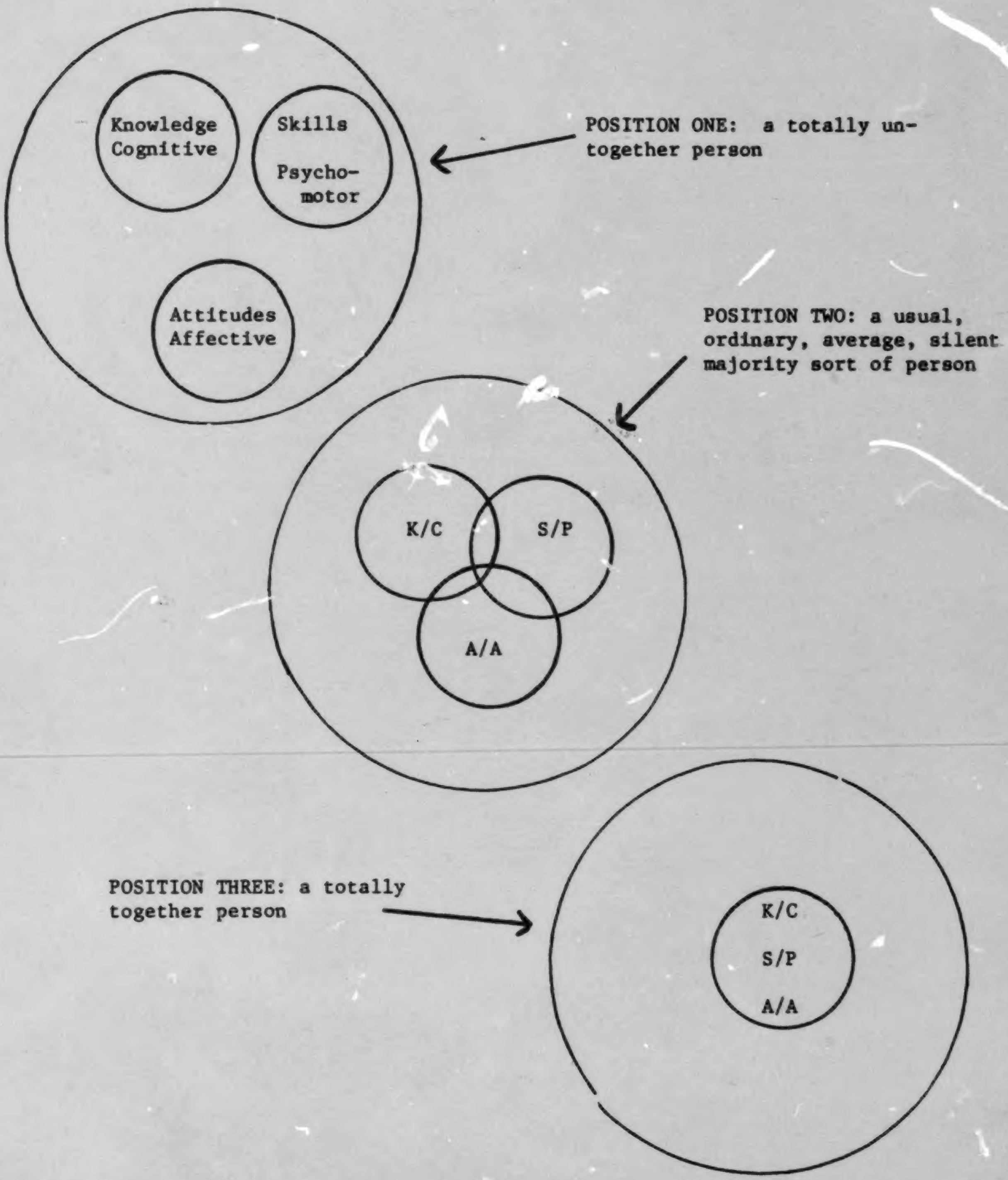
Most people seem to prefer one theory or another concerning stages or phases of group development. One of the more acceptable schemas breaks group development into four stages: (1) anxiety; (2) affection; (3) aggression; (4) autonomy. One might prefer this schema over most others, yet still not be totally convinced that any such theory is necessary or valid. Even though it seems that some groups go through these four stages rather consistently, it might be because that's what is expected. There are two possible explanations which might fit such a case, neither of which are very comforting. It might be that one expects the developmental stages so much that one misperceives reality and, no matter what the group does, one still sees them going through these stages. The other possibility is that one systematically reinforces those behaviors which match one's theoretical expectations, i.e., if one expects group members to behave affectionately during the second day of a four-day group, one might systematically reinforce affectionate behaviors on that day.

A laboratory educator should not be an exceptional source of reinforcement for pre-selected behaviors. Groups should be free to evolve their own norms relatively independently of implicit expectations and explicit statements of the leader. The trainer should keep a fairly strong rein on his/her role as a facilitator, such that inputs concerning group processes and group dynamics are relatively objective observations. Nevertheless, the trainer should recognize the fact that his/her subjective feelings have a great deal to do with his/her perceptions and the non-verbal signals sent along with his/her observations. However, it is hoped that group members generally perceive the trainer's affect as being in line with his/her verbal behavior.

Trainers should look at individual and group behavior from several different perspectives. Two models for focusing on different aspects of behavior use different words but mean essentially the same thing: Cognitive, Affective, and Psychomotor versus Knowledge, Skills, and Attitudes. The personality can be conceptualized as a set (algebraic) consisting of three subsets made up of the above areas. To the degree that the three subsets intersect, there is "togetherness" of the person. This idea is illustrated in Figure 2. (The size of the circles is not relative in the drawing but would be in reality, i.e., the single inner circle of Position 3 would cover as much of the area in the larger circle as would the three individual circles in Position 1.)

One goal of laboratory education is an attempt to help people move from positions 1 and 2 in (Figure 2) to position 3. The degree to which there is overlap among the personality parts has been called congruence. A totally congruent person would always have his thoughts and feelings together and his behavior would be a precise function of those thoughts and feelings. There may not be such a person but the belief that such total congruence can exist can serve as a goal toward which a person can work. The interpersonal process, particularly with respect to self-disclosure and feedback, of laboratory education offers a viable system for people becoming aware of how congruent they are perceived to be by others and allowing opportunity for change toward position 3.

Fig. 2. The Personality: its parts and their relationships



POSITION ONE: a totally untogether person

POSITION TWO: a usual, ordinary, average, silent majority sort of person

POSITION THREE: a totally together person

Knowledge
Cognitive
Skills
Psychomotor
Attitudes
Affective
K/C
S/P
A/A
K/C
S/P
A/A

Robert Burns said some things of particular import to the field of laboratory education or group relations training. The first quote helps get a handle on one of the most tragic alternatives to effective human relations:

> "O' the tangled web we weave
> When first we practice to deceive."

On the other hand, group relations training gives the individual an option and perhaps a chance to make a reality of the implicit negativism in another statement by Burns:

> "O wad some Pow'r the giftie gie us
> To see oursels as ithers see us!"

It seems that Burns makes the assumption that it is not possible for a person's perception of himself to be a composit of the perceptions others have of him. Laboratory education can allow a person an opportunity to do just that.

There is another old saying which is apropos to the matter of perception. It goes something like:

> "I was looking back to see
> If you were looking back to see
> If I was looking back to see
> If you were looking back at me."

I can see others only by looking through my glasses, but my glasses are made of others and all that I have shared with them. I can see myself only by looking into a mirror, but the mirror is made of the same thing as my glasses. It seems that we are all in this thing together, and to deny how inextricably our lives are intertwined is to be either unaware of reality or to be denying reality. Again, hedonistically speaking, people feel a lot better when they are aware of where they are in the perceptions others have of them.

One theory of training is simply an application of all the minor parameters of interpersonal process, etc. (examples of which make up the preceding portion of this article) in a context where the conceptual notion makes sense out of something which has just occurred experientially. One example might concern the distinction between implicit norms and explicit norms, whereby a group refuses to deal with feelings of anger, aggression, hostility, etc.. Assume that such has been the state of affairs for two days in a one week lab, and yet no one has mentioned it directly or openly. Finally someone states that he is upset with another group member and three people tell him that they don't think that that is the type of thing the group should deal with. The remainder of the group members show their consent by nodding their heads, saying "uh huh", etc.. The dissenting member of the group admits his folly and accepts the rule that such feelings will not be dealt with in the group. A group relations trainer might intervene at that point and share his/her observations concerning the group having obeyed an implicit norm for two days before finally making it explicit during that exchange.

One of the most effective and efficient learning strategies available to man concerning group relations is the temporal-spatial combination of experience-based activities followed by didactic exchange. The experience can be programmed through games, exercises, etc. or be allowed to evolve of its own accord (e.g., as in the 1947 sit-down, T-group format). Interpersonal feelings should be debriefed or dealt with prior to a didactic exploration of appropriate theoretical models because people cannot deal effectively with cognitive/knowledge matters so long as they are balled up emotionally.

Group relations training is an operational core from which other group behaviors can emerge, with the format of laboratory education remaining as a type of home base to which groups can return. Perhaps an analogy within the area of occupational analysis will help clarify the meaning of this. The first level of education (as well as the first stage of human development) is placed at the point of general psychomotor aptitudes or skills. This can be as gross a behavior as finger dexterity. At the top of the educational ladder falls the unique proficiencies necessary for performing specialized job tasks (such as a dentist filling a cavity in a patient's tooth). There are certain basic experiences human beings can have whenever they are working together (playing, etc.) in groups. The ability to deal effectively with those basic things (which occur in group relations training) allows people to deal more effectively with group matters of a more complex nature (complex in the sense mentioned earlier).

Training middle-level workers for the mental health system probably comes closer to the basic parameters of group relations than do most occupational areas. Group therapy is removed only one or two steps from laboratory education in terms of developmental complexity. Here group therapy is used in its more generic sense, i.e., anything done in groups for therapeutic purposes. This can include everything from activity therapy to broad spectrum behavior modification.

The final, crucial element to consider is the trainer (as his or her "self") and how he/she sees himself or herself fitting into the whole schema of group relations training. Within the context of a group, the trainer is a change agent or change artist. This deals mainly with his/her behavior as being a model for others and, secondarily, as being a reinforcing agent to others. Trainers change their behavior in groups as a function of what they experience, both from a humanistic point of view (hedonism) and from a behavioristic point of view (reinforcement theory). Trainers use themselves as instruments of change for others, particularly in terms of the helping (therapeutic) relationship. Most trainers would like to be in some of the following ballparks:

Martin Buber's I-thou Relationship.
Virginia Satir's Number Five (5) Responder.
Eric Bernes' I'm Okay, You're Okay position.
Fritz Perl's I am I and You are You.
Carkhuff's Number Five Level.
And, Socrates' Know Thyself.

Reprinted from the North Carolina Journal of Mental Health, Vol. VI, No. 2, Spring 1972.

NEW WAYS OF TRAINING NEW MENTAL HEALTH WORKERS:

Peer Group Grading and Democratic Course Design

Robert D. Cowley*
Director
Mental Health Technology Program
Wayne Community College
Goldsboro

The Mental Health Associate Program at Western Piedmont Community College in Morganton, North Carolina is a two-year program leading to the Associate in Applied Science Degree. This program is beginning its third year of experimentation with innovative approaches to education. The most prominent approach is one of democratic process; every person gets one vote (including the instructor) on the major issues of a specific course, particularly grading and course design. Even though the system discussed here is thought to have wide applicability to the general field of education, it is considered to be a highly relevant approach to training mental health workers.

In order to meet the demands of a critical manpower shortage in the human services, group approaches (such as group therapy) are being more widely used in an attempt to allow individual workers to work with more people in a shorter period of time. Designing an educational system that exposes students to diverse group situations is seen as the only logical mode of training. This system combines the relevant aspects of academic curricula and in-service training. The approach described here is buttressed on one side by field placement and on the other by human relations training laboratories and classes in group processes and group dynamics, all of which are offered throughout the two years.

Peer grading and course designing is recommended to students in most courses in the mental health program; it is not required. Such courses as field placement, where students do not have a chance to work in groups, do not lend themselves to such an approach. However, where the student comes into contact with a number of people, sampling each of them (concerning their opinion of the student) is seen as more viable than relying on the decision of a single "supervisor," etc. In most cases, students decide democratically what grading system they will work under. They select the format of the course in the same manner, after various alternatives are discussed.

---

*Article written while author was coordinator of the Mental Health Associate Program at Western Piedmont College in Morganton.

Peer group techniques are not generally part of the repertoires of first-quarter students, so the system is explained in detail during an early session. Since the selection of grading criteria is fairly foreign to their ways of thinking, criteria selected by previous groups are shared with the new students. Due probably to the heavy influence of the authority figure in the instructor, groups generally go along with the format with little deliberation or change, so the initial prosposal is likely to be the modus operandi during the first quarter. As debate increases, decision-making slows down more and more with each successive quarter, so that later courses and grading formats take more time to put together as students gain experience in such a democratic approach.

Time taken for designating courses and grading systems by the democratic process is seen as an investment rather than as an expenditure. This attitude is based on the assumption that such a process can be seen and used as a valuable learning experience. Functional democracy is experienced as a reality, rather than as hypothetical ideal. The entire decision-making process is rich with data about such "things" as census-taking, interpersonal influence, and social pressure-things that make up the stuff of human relations.

First Step

The first step in peer group grading is the selection of criteria upon which group members will judge each other. Examples of such criteria include student and faculty preparation, participation, creativity, enthusiasm, empathy, and many others. Students are encouraged to decide upon between six and twelve criteria that best meet their needs. They are also encouraged to define their criteria in as operational a fashion as possible--hopefully in terms dealing with observable, measurable behaviors. In most cases some words are used that deal more with feelings and opinions than with the reality of the workday world, whereby many decisions about raises, promotions, votes, etc. are made almost totally on the feelings involved. Therefore, emotional-type criteria are not discouraged but rather, their implications examined.

The second step in this procedure is the utilization of the criteria as goal-setting devices. This gives the students objectives to strive for in terms of influencing group members to see themselves as having the required criteria. When a group member cannot demonstrate his preparedness through participation in the group discussion, his group generally gives him a sound, verbal spanking. When the converse of this occurs, group members respond positively to the person. It is readily seen that this is a social conditioning model, whereby group members are negatively reinforced for behaviors not consistent with the criteria established by the group and positively reinforced for meeting the demands of the criteria.

Class discussions are based on a seminar interaction model. It is generally recommended that all members of the group use a common text, tape, film, etc. in preparation for a particular course or session. This recommendation is based on the assumption that the exchange of information and ideas can best be experienced by persons who share a common base of knowledge. Individuals are advised to pursue specific topics of interest and to include such learnings as seem relevant to the group discussion. This advice is based on the assumption that potential for learning can be increased when individual contributions are a meaningful part of the task at hand. This procedure saves time for group members so that all members do not have to cover such a massive amount of material.

Group Discussion

Issues of leadership and followership are examined by recommending that group members take turns at different sessions in being responsible for the general trend of the discussion. One method for guiding group discussion is to have the leader set range limits upon what kinds and degrees of information and ideas will be discussed. It then becomes the leader's task to attempt to maintain the discussion within his preset boundaries. A secondary task of the leader is seen as encouraging members of the group to contribute their resources. This can be done in a number of ways, including directing questions to non-participating members and feeling-out where such members are in terms of the current discussion.

It is inevitable that from time to time persons designated as group leaders will be absent. If the instructor will help those groups without a leader to focus on the process of leadership evolvement, members will function in an important social situation which supports the assumption that no one is indispensable. The loss of leadership will cause a state of social anomie in a microcosm that is not too dissimilar to states of social disorganization in the macrocosm. How the group deals with such anomie and how the leader evolves are rich sources of learning, both experientially for the people involved and philosophically for realistic implications about society. The use of a communications flow chart can be an effective instrument for surfacing group processes, particularly in such a situation as this.

The instructor can function in a number of different roles in such a situation. One obvious role is that of resource person--not necessarily the man with all the answers but rather someone who can clarify complex issues with which the group might be inordinately slowed down. If the instructor should get entrapped in the "expert" role, the most valuable part of the learning experience will be lost to the students--experiencing the excitement in the search for understanding and the flow of successful, personal resolution of a conflict.

Another important role in which the instructor can function is that of helping the group focus on processes within the group that are seen as inhibiting or facilitating the efficient, effective exchange of knowledge and ideas. An explication of the theory and practice of such observations and interventions are beyond the scope of this paper. However, one guideline to such a function is that while the instructor is not directly involved in the content of the discussion, he is in a good position to see what such processes are and would probably be helpful in pursuing any hunches about giving the group feedback on what he sees.

Feedback Important

The instructor can also, from time to time, recommend that the group members take stock of their individual and collective positions concerning the criteria. After grading each other, grades can be shared and time taken to discuss why certain members scored as they did on specific criteria. This type of feedback lets the individual see himself as members of the group see him. If satisfaction is not received on a specific item, the individual then has the chance to experiment with alternative ways of behaving in the group. Such a system of interpersonal feedback is assumed to be essential to individual change--the ultimate goal of all education.

The frequency with which grading occurs is another democratically arrived at decision. Some groups decide that such feedback needs to take place at the end of every session; others grade only once at the end of the quarter. It is recommended that students grade each other about once every week or two, so that feedback can be used to determine alternatives and so that different behaviors can be experimented with. Ultimately the criteria of grading must be converted to the institutional system--in this case, the A, B, C, D, F system is applicable, with ten points allotted to each letter and 'A' beginning at '90' and ending at '100'.

The instructor can also serve in more classical roles. Most groups, if given the option, will elect to take tests from time to time. It is recommended that tests (designed by studens and/or instructor) be used as a learning device--not as a grading device. This gives group members a chance to isolate meaningful, testable items and to see how much they have learned in terms of facts and concepts. By becoming aware of areas of weakness, individuals can decide whether or not to invest more time in those areas. By learning what members have strengths in specific areas, the group can rely more heavily on such persons as resources in those areas--a meaningful exchange. Test results also give the instructor an option to recommend that students spend more or less time in one area or another--or to add his own resources in areas where the entire group may be weak.

The size of a group has a definite effect on task performance. For individual resources to be given maximal air time, and for optimal group process and interpersonal interactions to occur, a six to twelve member group appears to be the most desirable. This does not mean that instructors can expect to have that desirable a ratio. Since the students assume a large degree of the responsibility for content coverage, the instructor can have any number of small groups working in the same large room. He can then move from group to group, giving a group feedback when he feels it is useful. When a similar observation is made for each group, feedback can be given to the entire class at one time. It is seen as an advantage for the instructor not to be tied to one group; objectivity of observation and intervention is enhanced by not being too involved in the current norms or topics of discussion of the group.

When a given class consists of two or more small groups, there is opportunity for students to experiment with a number of learning procedures. In the event that a textbook is used which has an accompanying book of readings, etc., a student-at-large can be responsible for a particular article. He can share his impressions with the group and try to help them understand the meaning--gaining "up-front" and teaching experience simultaneously. Another exciting procedure is to have two or more groups work together at different times. One way of doing this is to have a "fishbowl" design, where one group encircles another group and silently observes them at work. Members can then pair up from the two groups and the observers can give the participants feedback on how they saw them functioning in their group. These kinds of exercises give the students invaluable intergroup experience, along with on-going feedback on their social "self."

There are no real data to substantiate the opinion that acceptable levels of academic achievement are met in this approach--above and beyond the learnings that are presumed to occur in many crucial areas of human development, e.g., personal growth, interpersonal effectiveness, communications skills, and many others. An early class was subjected to an objective test made up by an instructor teaching the same course to a similar group of students. Even though his students were functioning under considerable advantage, their average score was only eighty-three per cent hits as compared to an average of seventy-three per cent hits for the peer group students. There is nothing definitive about these results, but they do indicate a need for controlled studies that compare the democratic approach with other, more classical approaches.

Advocating such a system does not presume that all instructors could function effectively and happily in such a system, nor that all content areas lend themselves to such an approach. However, trying out such a system can be recommended without hesitation when the rewards it has earned have been experienced. Learning for the sake of learning loses its cliche-like meaning and becomes a living reality. Sharing in the excitement and joy of such a learning process is in and of itself excitement and joy enough; learning from students in such a system becomes the icing on the proverbial cake.

Summary

In summary, perhaps looking at what members of the target population have to say about peer group grading and democratic course design will best define that raison d'etre for its development in this specific curriculum. The ending of this paper, anonymous quotes from participants in this system, will, hopefully, be the beginning for others:

> This is my first experience with a seminar-type class structure and I find that, for me, it has both good and bad points. I feel that perhaps I don't learn as much of the text as I would under a conventional lecture-test structure; however, my motivation and sense of fair play see to it that I do study and learn a respectable portion of the material. Being somewhat of a reserved nature, I usually establish next to no close interaction with my classmates. I believe that the socialization a seminar-type class requires is quite beneficial to me. So, overall, I find this class to be quite beneficial, novel, and instructive; a pleasant oasis in an endless desert of academic convention.
>
> A class like this is much more effective than one with solid lectures and a bunch of facts we are supposed to obtain We, the members of each group, are able to discuss each item which we don't fully understand on a level we can best appreciate. Each group member has been through practically every type of teacher in our educational upclimb and by now there should be a change. In our type of class we each become better class members as well as class participants. In every other class in which I am enrolled, I am told what is good, bad, right, wrong, etc. without any regard for me. A lot of questions arise in our type of class and we decide which are important to use and which are not. We, the students, should have a voice in what we learn.
>
> I am glad to see classes such as this start at this school because it shows that progress isn't dead. To me, psychology isn't what you can recite from a book but how you can use what you've learned and relate it to life. I think perhaps this is the best class I'll have a chance to participate in.
>
> In my opinion the class is fabulous! No other word for it. This type of learning is a new experience for me, and I never realized really how much you can learn from other students. It makes you want to read and learn more for yourself so you can contribute to the others. I have learned more than at first I thought I would.

In my opinion this class has shown in a very limited way the great possibilities of the learning process. I say 'limited way' because the method is new to us and we will only touch on the outer bounds of this exciting process in the remainder of this quarter. I have been impressed with the factual knowledge transmitted by my peer group. I think this method of learning is much better than the regular lecture-type because, in grouping, I am free to express myself. I can have a part in the discussion; but more importantly, my peers act as a stimulus to my own manipulative needs. Therefore, I learn more and learning is more exciting. In one more month I will graduate, and I only regret that this group process type of learning was delayed until my last quarter. If I had been exposed to this type of learning the first quarter of my freshman year, I would have gained much more from my first two years of education.

NOTE: The author gratefully acknowledges the support of this work by Section 202--Appalachia Act ARC 0451-07-70 Health Manpower Education Program.

CHAPTER 8

TRAINING FACILITIES

Practicum Placements and Internships

Almost half the courses in the Mental Health Associate curriculum at Wayne Community College have "experiential" learning situations associated with them. For example, there are six courses, sequenced over the first six quarters, which involve intense experiences in small groups. These classes meet for two hours per day, two days per week for eleven weeks of each quarter. These classes cover the various approaches to group processes and group dynamics being used most frequently in Mental Health. There are also six human relations training laboratories associated with these six group classes; again, sequenced over the first six quarters of the program. These labs consist of a four day weekend each quarter in a retreat setting. Professional "trainers" work with the students in small groups, as well as in "community" groups. The focus of these labs ranges from "personal growth" to "sensory awareness training."

Other courses which have "lab hours" associated with them require the student to complete three hours per week of supervised training in mental health settings. These courses range from Crisis Intervention to Group Therapy, where the student attends twenty-two hours of lecture and accumulates thirty-three hours of practical experience. A person graduating with a Mental Health degree will have accumulated 1,437 contact hours of lab work, practicum, internship, and other forms of applied learning.

Mental Health students have been placed in almost every identifiable human services related agency in this geographic area, and as far away as the Children's Psychiatric Institute at Butner, North Carolina. An incomplete listing of such placements used in the past appears on the following page. These placement agencies, for the most part, have been extremely cooperative in arranging placements and have willingly provided frequent and competent supervision of students. Because of the large number of students and too few full-time faculty, college personnel do not general directly supervise students in the field, but rather coordinate the supervision through agency administrators. A sample contract for such arrangements appears later in this section, along with two types of forms used for field placements: one for the agency to use in evaluating the student's performance and another used by the student to evaluate the placement and placement agency.

List of Agencies used for Lab Work, Practicum Placements, and Internships

1. State Mental Hospital
    a. alcoholism unit
    b. geriatrics unit
    c. childrens unit
    d. retardation unit
    e. psychiatric wards
    f. psychological services
    g. social services
    h. forensic unit
    i. activity therapies
    j. behavior modification programs
    k. reality therapy programs

2. Regional Retardation Center
    a. special training instructors
    b. psychological services
    c. behavior modification programs
    d. cottage life
    e. testing services
    f. token economy workshops

3. Comprehensive Community Mental Health Centers (all programs and services)

4. County Departments of Social Services

5. Public Schools (particularly counseling services)

6. Vocational Rehabilitation

7. Nursing and Rest Homes

8. Senior Citizens Programs

9. City Offices of Human Relations

10. Community Action Programs

11. Headstart Programs

12. Salvation Army Tutorial/Counseling Programs

13. Boyscouts--Retardation and Emotional Disturbed Programs

14. Regional Alcoholic Rehabilitation Center

15. Child Care Centers

16. General Hospitals--psychiatric ward

17. Social Action Group--U.S. Air Force

18. Boys Club--Disadvantaged Program

19. Peer Counseling--Community Colleges and High Schools

20. Children's Psychiatric Institute

WAYNE COMMUNITY COLLEGE
Caller Box 8002
Goldsboro, North Carolina 27530

Agreement Between

and

WAYNE COMMUNITY COLLEGE

Agreement made and dated this___________day of__________________, between Wayne Community college, hereinafter referred to as the College and ____, hereinafter referred to as the Agency.

This agreement between the College and the Agency will be effective for a period of two years following the present date (inclusive dates). Prior to the date of termination, ___________________________, the agreement shall be automatically renewed for an additional year unless either party requests a change or termination of this agreement.

The Agency and the College hereby mutually and informally agree with each other to the following: The Agency will be responsible for the organization, administration, operating and financing of its service and all points specified under items I, II, III, and IV of this document.

I. Instructional Program

Students registered in the Mental Health Program at the College may utilize for practicum experiences the various areas of the Agency. The days and hours of clinical experiences are to be planned by the faculty of the College and the Agency.

It is understood that the college students of Mental Health and faculty personnel are not entitled to any compensation from the Agency in connection with this program. The College does not expect compensation from the Agency for such services but desires to donate these services on an unconditional basis.

II. Specific Responsibilities of the Agency

a. To provide space and the use of equipment and materials.

b. To provide practicum and/or observational opportunities of the facility and clients and in the various areas of the agency.

c. To allow use of educational materials in instructing students.

d. To assist in identification of Agency personnel who might qualify to serve as adjunct faculty members and instructors in specialty areas.

e. To foster among Agency staff and employees both technical and professional a "teaching attitude" of helpfulness to students and instructors.

III. Specific Responsibilities of the College

a. To go through the proper Agency channels to make plans for observations and/or practicum experiences.

b. To provide all supervision and instruction required in the program unless in specific instances other provisions are made.

c. To abide by the existing rules and regulations of the Agency.

d. To notify the Agency as to the number of students expected, in advance of planned observation and/or practicum experience in order to insure that facilities can be provided.

e. To assume responsibility for cost of equipment that is broken or damaged due to negligence (otherwise assumed by the Agency).

f. To assume responsibility for health care and liability insurance.

g. That the students will be taught to respect the confidential nature of all information which may come to them with regard to clients and records.

IV. Mutual Responsibilities

a. To cooperate in a continuing evaluation of the courses and the total program.

b. Recognizing that unforseen events can occur, the parties to this agreement undertake to cooperate and consult with each other when circumstances so demand.

Clyde A. Erwin, Jr.
President
Wayne Community College

Agency Head:
Name________________________
Title________________________
Agency________________________

Dr. Jan J. Crawford
Dean of Instruction
Wayne Community College

Agency Representative:
Name________________________
Title________________________
Agency________________________

Dan Cowley, Chairman
Department of Human Services
Wayne Community College

DATE:________________________

WAYNE COMMUNITY COLLEGE

REPORT OF STUDENT PERFORMANCE

STUDENT'S NAME: ______________________________
(Last) (First) (Middle) (Maiden)

SOCIAL SECURITY NUMBER: ______________ QUARTER ASSIGNED: __________

COURSE NUMBER AND NAME: ______________________________

AGENCY OR INSTITUTION AND ADDRESS: ______________________________

____

DATES OF AFFILIATION: FROM ______________ TO ______________

NUMBER OF ABSENCES __________ NUMBER OF ABSENCES MADE UP __________

PART I: GENERAL EVALUATION

EVALUATION OF ABILITY TO:	A	B	C	D	F	COMMENTS
1. carry out a therapeutic program						
2. demonstrate knowledge of available skills						
3. develop acceptable interpersonal relationships						
4. function maturely						
5. plan a therapeutic program						
6. relate to clients therapeutically						
7. report profesionally - orally						
8. report professionally - in writing						
9. overall general evaluation						

I HAVE READ THIS REPORT: ______________________________
(Signature of Student)

DATE: ______________

SIGNATURE OF RATER: ______________________________

POSITION OR TITLE: ______________________________

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT: ______________

STUDENT HAS BEEN OBSERVED TREATING CLIENTS: DAILY ______________

OTHER(Specify): ______________________________

NOTES ON EVALUATION BY COLLEGE FACULTY: ______________________________

____

____

____

PART II: EVALUATION OF SPECIFIC BEHAVIORS AND TRAITS

A. ABILITY TO INSTRUCT -- ability to analyze and segregate the processes of activities and present each process in logical order of appropriate level

	A	B	C	D	F
1. breaks the activity down into appropriate steps					
2. checks on results of instructions					
3. familiarizes self with processes of activities to be taught					
4. gives clear explanations					
5. present instructions at client's level					
6. overall ability to instruct					

B. ABILITY TO INTERPRET -- ability to report orally or in written form on purposes of therapy, therapy procedures and client progress

	A	B	C	D	F
1. emphasizes appropriate factors					
2. expresses self convincingly orally					
3. expresses self convincingly in writing					
4. reports accurately					
5. submits legible reports					
6. uses correct grammar					
7. uses correct spelling					
8. uses terminology appropriately					
9. overall ability to interpret					

C. JUDGEMENT -- ability to analyze situations, grasp essentials, reach sound conclusions, and plan necessary steps in accordance with priorities

	A	B	C	D	F
1. adjusts pace to program requirements					
2. assumes authority appropriately					
3. department personnel have confidence in student					
4. recognizes which decisions require approval					
5. thinks things through before acting					
6. overall judgement					

D. MATURITY -- ability to appraise situations realistically and objectively and to maintain a positive attitude and emotional balance in reacting to them

	A	B	C	D	F
1. accepts responsibility willingly					
2. adjusts to the working situation					
3. is self-reliant					
4. profits from constructive suggestions					
5. seeks guidance when indicated					
6. sees things in their proper proportion					
7. subordinates personal affairs to program					
8. overall maturity					

E. ORDERLINESS -- demonstrated neatness in work habits and in arrangement, care, and use of physical facilities

	A	B	C	D	F
1. puts things away properly					
2. maintains equipment at adequate working level					
3. works in an organized manner					
4. overall orderliness					

F. PROFESSIONAL BEHAVIOR -- attitude evidenced toward institutional, departmencal and personal standards involving grooming, bearing and manner, professional ethics and etiquette

	A	B	C	D	F
1. actions are in keeping with the professional situation					
2. careful in personal grooming					
3. cooperates with personnel					
4. is thoughtful and considerate of other persons					
5. is well-mannered					
6. observes rules and regulations					
7. overall professional behavior					

G. RESOURCEFULNESS -- drive and ability to utilize personal assets and available facilities alone and under supervision as indicated

	A	B	C	D	F
1. finds an efficient way to do things					
2. gives constructive suggestions					
3. improvises or adapts what is on hand					
4. functions without prodding					
5. overall resourcefulness					

H. SENSE OF RESPONSIBILITY -- readiness and dependability in organizing and discharging all assigned duties in relation to client welfare and departmental administration

	A	B	C	D	F
1. alert to the needs of the total client group					
2. budgets own time effectively					
3. canbe depended upon to do a good job					
4. willingly assumes new duties					
5. is punctual in discharge of duties					
6. observes safety precautions					
7. overall sense of responsibility					

I. THERAPEUTIC PROGRAM -- ability to plan, present, execute and adjust client's therapy program

	A	B	C	D	F
1. applies theoretical knowledge appropriately					
2. considers all factors relevant to toal program					
3. objectives of therapy program are clearly defined					
4. observes therapy precautions					
5. orients client to his program(initial and/or changes)					
6. starts therapy with adequate preparation					
7. takes appropriate action when a program change is needed					
8. uses therapeutic activities effectively					
9. overall therapeutic program					

J. THERAPEUTIC RELATIONSHIPS -- ability to obtain and keep client's response at desired level

	A	B	C	D	F
1. adjusts approach to meet client's needs					
2. deals effectively with attitudes displayed by clients					
3. appropriately assumes responsibility for making initial contact					
4. maintains friendly but objective attitude					
5. clients accept direction from student					

	A	B	C	D	F
6. shows accurate empathy					
7. shows nonpossessive warmth					
8. shows genuine sincerity					
9. establishes and maintains good rapport with clients					
10. overall therapeutic relationships					

K. TREATMENT MEDIA -- ability to demonstrate proficiency in therapy activities including those known to him upon arrival, those acquired at the agency, and those he improved in while at the agency

	A	B	C	D	F
1. adapts available media to meet needs					
2. demonstrates ability to use a variety of minor skills					
3. demonstrates knowledge of teachniques in major skills					
4. grasps and retains instructions in skills					
5. indicates a desire to improve previously acquired skills					
6. shows initiative in learning new skills					
7. is willing to recommend innovative approaches					
8. overall therapy media					

FOR COLLEGE FACULTY USE ONLY

	A	B	C	D	F	TOTAL
PART I						
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
TOTAL						
PERCENTAGE						

PART III: REMARKS

Summarize the student's experience in this affiliation: (include nature of and effectiveness with client load, supervision necessary, notable strengths and weaknesses, need for improvement and potentialities for work in this service, program, agency, client, or disability area.)

(Use back of this page for additional comments.)

WAYNE COMMUNITY COLLEGE

STUDENT EVALUATION OF CLINICAL AFFILIATION

PART I: IDENTIFYING INFORMATION

1. Name and address of facility: ______________________________

____

____

2. Supervisor of affiliations at facility:

3. Dates of assignment: From ____________ to ______________

4. Order of this affiliation (circle): First Second Third Fourth

5. Type of affiliation ______________________________

6. Specify type of facility, e.g., hospital, rehabilitation center, day center, etc.

____

7. Area(s) of assignment in this facility (include immediate supervisor for each assignment:

length of assignment, e.g., ADL-6 weeks:
Pre. Voc. -1 month; Clinic-3 months, etc.):

______________________ ______________________

______________________ ______________________

______________________ ______________________

8. Living accommodations (comment):

PART II: AFFILIATION PROGRAM

A. Orientation

1. Please check the following orientation items which were presented; star those you found helpful.

_____Physical facilities at center.

_____Organization and administration of the facility.

_____Nature of the therapy services offered at the center.

_____Philosophy of the Placement Department.

_____Philosophy of facility.

______Student responsibilities.

______Placement Therapy Department records.

______Orientation to other departments.

2. Indicate what you would change in the orientation phase:

3. To what extent did you help in planning the experiences provided for you by this facility? (Give examples)

B. Clinical Experiences

1. Describe the experience(s) you had at this facility that contributed most to your professional growth.

2. Check the type and amount of any written work required. Indicate the value to you on a scale of 1 to 5; 1 represent the most valuable and 5 the least valuable.

	Number	Value		Number	Value
______Patient Evaluation	_____	_____	_____Note Book	_____	_____
______Treatment Plans	_____	_____	_____Paper	_____	_____
______Case Study	_____	_____	_____Other	_____	_____
______Progress Notes	_____	_____	____________________		

3. Check the type and number or oral presentations required and the persons present for these reports. Indicate the value to you as in B2.

	Number	Value	Those Present
______Patient Evaluation	_____	_____	____________________
______Treatment Plans	_____	_____	____________________
______Case Study	_____	_____	____________________
______Paper	_____	_____	____________________
______Other	_____	_____	____________________

4. What changes would you make in either the written or oral assignments?

5. List any field trips that you made. Include the name, type of center and the value to you on a scale of 1 to 5 as described in B2.

Name and Type of Center	Value

C. Patients

1. List below the diagnostic categories of the patients for whom you were responsible. Indicate the number of patients in each category.

Diagnosis	No.	Diagnosis	No.

2. Check those items that apply to the patient that you treated:

Inpatients: _____Bedside _____Ward _____Clinic

Outpatients: _____Clinic _____Home visit/treatment

_____Individual patient treatment _____Groups: Number in Groups_____

_____Acute _____Convalescent _____Chronic

3. Was the amount of responsibility that you were given for patient treatment adjusted to your professional growth? (example)

4. List the types of evaluations and/or tests you used when assessing your patients.

D. Professional Relationships

1. Indicate with the following letters the type of contact you had with the persons listed below. Use more than one letter if applicable.

O-Observation
I-Instruction
P-Cooperative planning and/or treatment
C-Clarification of patient's problem
N-No contact
NA-Not applicable

_____Medical resident and/or student

_____Nursing aide and/or attendant

_____Nurse

_____Nursing student

_____Occupational therapy aides/ assistants

_____Orthotist and/or prosthetist

_____Physical therapist

_____Physical therapy aide and/or attendant

_____Physical therapy student

_____Speech therapist

_____Social worker

_____Vocational counselor

_____Patient's family

_____Physician/psychiatrist

_____Psychologist

_____Volunteers

_____Other, e.g.,

_____Dietetics,

_____Education,

_____Recreation

2. Would more contact have been helpful? (explain)

3. List the schools and academic levels of all students, e.g., other MHA interns, R.N. interns, O.T., Freshmen, Etc.

____

____

____

4. Comment on what way the presence of other students affected your affiliation.

E. Supervision and Guidance

1. Check if scheduled time was provided to review the following. Indicate the frequency, e.g., daily, weekly, bimonthly, etc., and effectiveness. Evaluate the effectiveness on a scale from one to five, one being most effective and five least effective.

	Frequency	Value
_____Treatment plans	__________________	____________
_____Evaluations	__________________	____________
_____Patient interaction	__________________	____________
_____Patient treatment	__________________	____________
_____Department procedures	__________________	____________
_____Progress notes	__________________	____________
_____Other	__________________	____________

Comments:

2. Would you have wanted or needed more, less or the same amount of supervision?

What were the positive aspects of the supervision you received?

How could this supervision and guidance have been improved?

3. Were you encouraged to learn independently? Yes_____ No_____

Was adequate time allowed for this? Yes_____ No_____

What resources were available to you? (staff, records, literature, etc.)

____

____

F. Instruction

1. Check the subject matter and method of instruction in the following areas. Indicate the value to you on a scale from 1 to 5 as described previously.

SUBJECT MATTER	METHOD				VALUE
	Lecture	On the job	In Conf.	Other (Specify)	
Administration					
Communication Skills					
Evaluation techniques					
Treatment modalities					
Treatment planning					
Disease and disability					

2. In reference to your own needs, would additional information have been helpful? (specify)

3. Were you responsible for the instruction or supervision of other personnel, i.e., aides, assistants, other students, etc.? (comment)

G. Preparation

1. Was your academic background adequate for this assignment? Specify those college courses which were not adequate and/or those that were especially beneficial.

Beneficial	Inadequate

2. Was your mental health program preparation in treatment principles and skills adequate for this assignment? Specify courses which were especially beneficial.

Beneficial	Inadequate

3. Did you find sufficient correlation between previously learned theories and concepts learned at school and their practical application at this center? Give examples of this type of correlation.

PART III: SUMMARY

1. By the end of your affiliation did you feel that your responsibilities and workload were comparable to those of a beginning staff therapist? Describe.

2. Were you conscious of a well planned program for students at this center?

3. In summary, what recommended changes would you make in the affiliation program?

4. In summary, what recommended changes would you make in the Mental Health program?

5. Rate this student affiliation by placing a check mark in an appropriate box.

____/	____/	____/	____/	____/	____/	____/
Low						High

PART IV: ADDITIONAL COMMENTS

Please feel free to add any further comments, descriptions or information concerning your affiliation at this center. (Use the reverse side of this page if needed for your comments.)

_______________________ (Signature of Student)

_______________________ Signature of Supervisor

_______________________ (Program)

_______________________ (Date)

Training Facilities

The major facilities which have participated over the past six years with Wayne Community College in training Mental Health Associates have been agencies and institutions of state and local governments. Agencies of the North Carolina State Department of Human Resources (D.H.R.) located in Goldsboro include a regional mental hospital, a regional mental retardation center, and a regional vocational rehabilitation training and evaluation center. Department of Human Resources agencies located in other areas of the State which have participated in the training include a regional alcoholic rehabilitation center, two regional mental hospitals, a regional mental retardation center, and a state children's psychiatric institute. Agencies of the State Department of Social Control and Rehabilitation include a youth center for first offenders, situated locally, the Central State Prison located 60 miles away and local parole and probation offices. County and city governments agencies involved in the training include the following:

1. a comprehensive community mental health center
2. a county department of social services
3. city and county school systems
4. nursing homes, rest homes, and intermediate care facilities
5. city and county senior citizens programs
6. a city office of human relations
7. community action agencies and programs
8. Headstart programs
9. The Salvation Army
10. Boy's Club
11. Boy Scouts of America
12. child care centers
13. day care facilities
14. developmental disability centers
15. community college peer counseling program

Administrative structures, populations served, and services available from the participating training facilities can be found on following pages. In summary it can be said that all populations served by the mental health/human services systems have participated in the training program for Mental Health Associates at Wayne Community College; and further, that different students have participated in every conceivable type service available from the mental health/human services system. Even though there is a large number of diverse training opportunities in different agencies and with different populations, each student is individually counseled through a small percentage of them. This counseling process is geared to the individual student's career goals, past experiences, and class schedule.

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MENTAL HEALTH SERVICES
CHERRY HOSPITAL
GOLDSBORO, N. C. 27530

J. FIELD MONTGOMERY, JR.
DIRECTOR

Billy W. Royal, M. D.
DIRECTOR CLINICAL SERVICES

October 14, 1975

Dr. Ralph Simon, Chief
Experimental and Special Training Branch
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dr. Simon:

As you are well aware, one of the most difficult problems facing the providers of mental health services is to not only find qualified mental health technicians at the entry level but probably more important is the ability to provide quality educational training for those already in the system.

Overall, I believe the Mental Health Associate Program at Wayne Community College has provided an excellent mechanism for such training. The most serious problem facing us now is not the course itself, but the failure of the State Personnel System in developing proper classifications to meet the needs of the institution as well as those of the program graduates.

In Wayne County, we have two large institutions and a local mental health clinic. In these facilities, we employ over 2,000 people with a rather significant percent of that group being health care technicians and/or comparable classifications. Many of our employees either completed the program or are in the process of doing such.

The officials at Wayne Community College have worked closely with all of the providers regarding the course content, practical experiences, etc. We feel that this spirit of close cooperation is essential in this type of endeavor.

In summary, I would like to reiterate that I believe the Mental Health Associate Program at Wayne Community College has very definitely had an impact on providing a better quality service to the mentally ill in Eastern North Carolina.

Sincerely,

J. Field Montgomery Jr.

J. Field Montgomery, Jr.
Director

JFM/bg

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MENTAL HEALTH SERVICES
O'BERRY CENTER
P. O. BOX 247
GOLDSBORO, N. C. 27530
TEL. 919-734-8080

October 1, 1975

Dr. Ralph Simon, Chief
Experimental and Special Training Branch
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dr. Simon:

I am writing in response to correspondence received from Mr. Dan Cowley, Chairman, Department of Human Services, Wayne Community College, relative to the Mental Health Associate Program at Wayne Community College.

Enclosed is a letter prepared by Dr. Donald Soule, our Director of Psychology, Research and Program Evaluation. I concur with Dr. Soule's thinking regarding this matter.

I have been informed by Dr. Wiebe, our Director for Program Development, that those persons on our staff who have completed this program generally function very well, especially in written documentation and program descriptions needed to accompany training activities.

If you need further information from us regarding this program, do not hesitate to contact us.

Sincerely,

Jose M. deVarona, M. D.
Director

JMdV/ss

Encl.

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MENTAL HEALTH SERVICES
O'BERRY CENTER
P. O. BOX 247
GOLDSBORO, N. C. 27530
TEL. 919-734-8980

September 26, 1975

Dr. Ralph Simon, Chief
Experimental and Special Training Branch
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dr. Simon:

I feel that there is a need for training technicians at the Associate Degree level to work with the mentally retarded. The Mental Health Associate Program at Wayne Community College was developed in part to help fill this need.

A great many of the graduates of the Mental Health Associate Program are hired by O'Berry Center. In general we have found the graduates to be good employees. However, I do not feel that they have received a technical training. The Mental Health Associate Program has served as a screening device to offer us intelligent people who have the drive and ambition to go through a college program. The program has also offered students the opportunity to find out what positions are available in the field and the kind of clients they prefer to work with.

I believe that to improve the program, more technical training should be offered. In the case of needs at O'Berry Center and the employees with whom I work, I would like to see stronger training in writing, behavior modification skills and testing. It might be appropriate to do a broadly based first year with some specialization in the second where students who wished could be involved in a more educational-psychological oriented training.

Sincerely,

Donald C. Soule, Ph.D.
Director
Psychology, Research and Program Evaluation

DCS/g

STATE OF NORTH CAROLINA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF MENTAL HEALTH SERVICES
O'BERRY CENTER
P. O. BOX 247
GOLDSBORO, N. C. 27530
TEL. 919-734-8980

October 9, 1975

Mr. Dan Cowley, Chairman
Department of Human Services
Wayne Community College
Goldsboro, North Carolina 27530

Dear Mr. Cowley:

This information is sent in response to your letter of September 29, 1975. You asked us to provide certain material which will contribute to your grant-supported project to train Mental Health Associates at Wayne Community College.

1. Organizational Chart of O'Berry Center, showing the chain of command from the Governor to Division Heads is attached as Enclosure 1.

2. Raw numbers of residents served by O'Berry Center in the past four years as of June 30th of each year:

1972 - 924 residents
1973 - 880
1974 - 789
1975 - 672

Specific demographic information you asked for is not available for the year 1972. Attached at Enclosure 2 is detailed data pertaining to resident population by county of the years 1973, 1974 and 1975.

3. Programs and services available to our residents: Each admitted resident receives an interdisciplinary evaluation. This includes the service areas of psychology, sociology, recreational, educational, vocational, speech and hearing, physical therapy, occupational therapy, and medical. From this evaluation an individualized developmental program is implemented designed to enhance the resident's growth to his maximum potential and return to community living. Each resident has specific self care, educational, social and recreational goals.

Along with this, the following medical support services were rendered: dental, general medical, psychiatric, surgical, x-ray, pharmacy, neurology, orthopedic, clinical laboratory, dermatology, ENT, eye, nursing service and medical records. For the half year ending June 30, 1975, (attached at Enclosure 3) the number and type of medical service items experienced by our residents is shown. Services do not discriminate between demographic statistics.

I trust the above information will be helpful to you.

Sincerely,

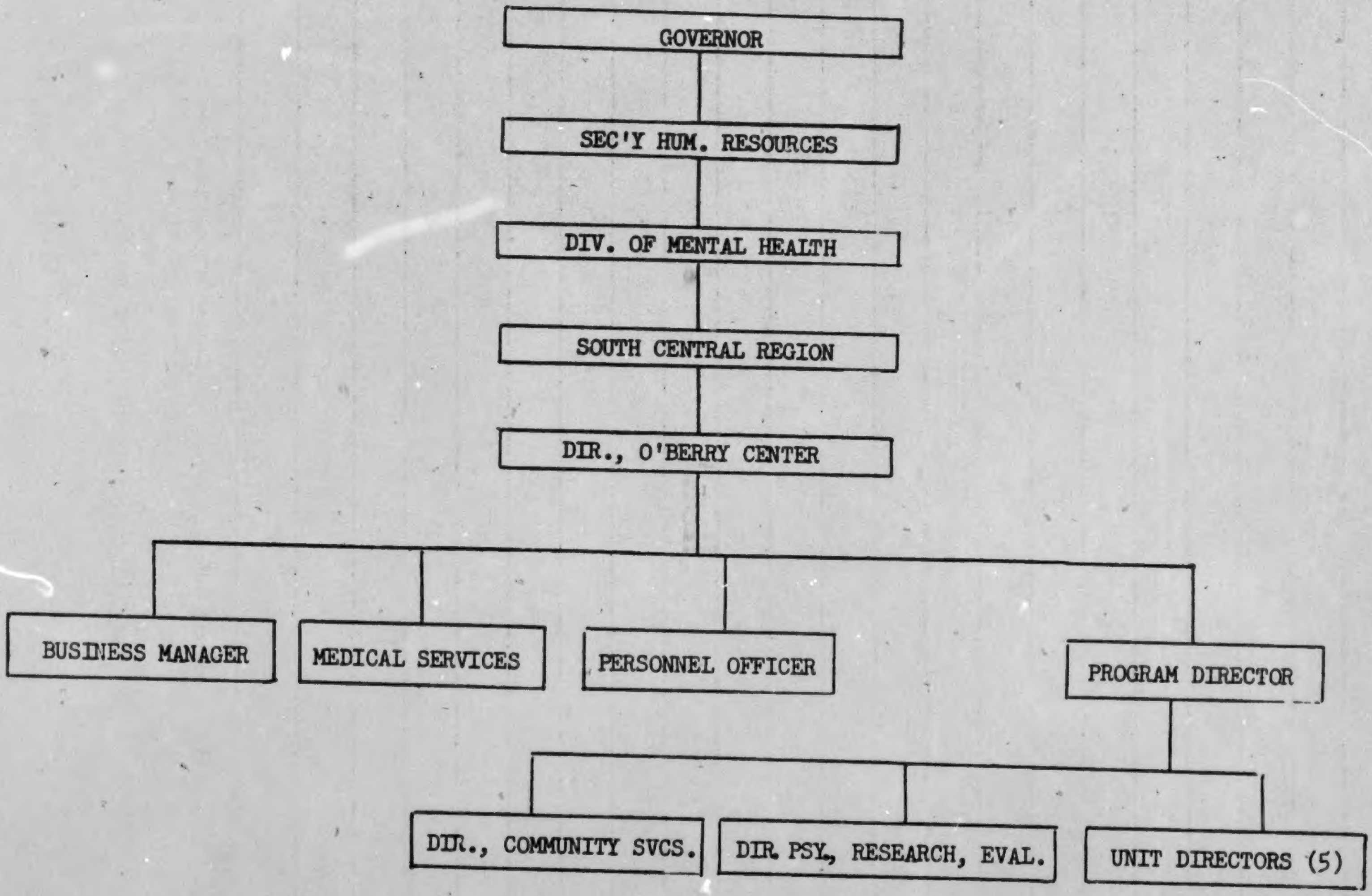
Jose M. de Varona, M.D., Director
O'Berry Center

JMdeV:JJO:je

Enclosures

CHAIN OF COMMAND

ORGANIZATIONAL CHART
O'BERRY CENTER


GOVERNOR
SEC'Y HUM. RESOURCES
DIV. OF MENTAL HEALTH
SOUTH CENTRAL REGION
DIR., O'BERRY CENTER
BUSINESS MANAGER
MEDICAL SERVICES
PERSONNEL OFFICER
PROGRAM DIRECTOR
DIR., COMMUNITY SVCS.
DIR. PSY., RESEARCH, EVAL.
UNIT DIRECTORS (5)

ENCLOSURE 1

O'BERRY CENTER RESIDENT POPULATION

County	Resident Population 1973	Resident Population 1974	Resident Population 1975
Cabarrus	31	28	22
Union	25	24	20
Davidson	29	26	24
Hoke	12	11	10
Montgomery	9	10	7
Moore	20	19	19
Richmond	12	12	10
Bladen	20	19	14
Columbus	24	24	21
Robeson	73	65	55
Scotland	25	24	22
Cumberland	110	92	83
Sampson	18	17	16
Harnett	31	29	22
Lee	17	15	14
Johnston	57	47	39
Wake	105	89	79
Anson	14	15	11
Stanly	18	14	12
Randolph	34	31	19
Wayne	71	59	48
Alexander	3	3	3

ENCLOSURE 2

ncombe	5	5	4
Caldwell	2	2	2
Carteret	1	1	1
Caswell	1	1	1
Catawba	1	1	1
Cleveland	5	5	5
Davie	4	3	2
Durham	5	5	5
Edgecombe	1	1	1
Forsyth	6	6	6
Franklin	3	3	3
Gaston	3	3	3
eene	1	1	0
Guilford	8	8	5
Halifax	1	1	1
Henderson	3	3	3
Iredell	7	5	3
Lenoir	1	1	1
Lincoln	1	1	1
Mecklenburg	29	29	22
Nash	1	1	1
Orange	1	1	1
Polk	1	1	1
Onslow	0	0	1
Rockingham	2	2	2
wan	27	24	24
Stokes	1	1	1
Warren	1	1	1

BIANNUAL MEDICAL REPORT - JUNE 30, 1975

Residents Treated in Clinic	13,694
No. Seen by Doctor	1,076
No. Medical Evaluations	1,491
No. to Dentist	394
No. to Laboratory	889
No. to X-Ray	542
No. Seen in Eye Clinic	40
No. Seen in Surgical Clinic	21
No. Seen in Orthopedic Clinic	62
No. Seen in Dermatology Clinic	11
To Dorothea Dix Hospital for Surgery	35
No. Seen in E.N.T. Clinic	18
No. Seen in Neurology Clinic	1
No. Physical Therapy Evaluations	166
Residents Receiving Gamma Globulin Serum	54
EKG's	2
Drug Evaluation by Pharmacist and RN's	220

ENCLOSURE 3

Wayne County Mental Health Center
301 N. Herman Street
Box D D • Phone 736-7330
Goldsboro, North Carolina 27530

October 13, 1975

Mr. Dan Cowley, Chairman
Department of Human Services
Wayne Community College
Caller Box 8002
Goldsboro, North Carolina 27530

Dear Dan:

In reference to your letter of September 29, 1975 requesting certain data from our Center, I am enclosing a recent comprehensive plan which should provide the needed data along with other information which should be of interest.

If I can be of additional assistance, please call upon me.

Sincerely,

Liston G. Edwards, Area Director
Wayne County Mental Health Center

LGE/fsj

Enclosure

Wayne County Mental Health Center
301 N. Herman Street
Box D D • Phone 736-7330
Goldsboro, North Carolina 27530

September 24, 1975

Dr. Ralph Simon, Chief
Experimental and Special Training Branch
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dr. Simon:

I have been familiar with the Mental Health Technology Program at Wayne Community College for approximately three years as a result of my position as a psychologist in the Wayne County Mental Health Center. I have generally been quite pleased with the Program and the graduates that I have had direct contact with. I believe that there is a definite need for graduates of this Program in the mental health system to assist in the direct delivery of mental health services and programs. In our Center they have worked directly with clients in day activity programs and have been found competent to lead and direct various activities under the direct supervision of the program coordinator. These graduates appear to be quite able to relate to other persons, both clients and professionals, and to be understanding of their own behaviors and dynamics. This appears to be largely the result of the group process courses and human relations training that they have had. Another positive aspect of the Program appears to be the practicum courses where the student is directly involved with various human services programs and agencies in the community. One area that is a particular concern of mine is screening for entry into the mental health associate program. I feel that within the past year efforts have been made by the faculty to more effectively screen students and I feel these efforts should be continued and intensified. I also feel that many of the students have had unrealistic expectations of their role in the delivery of services to that extent that many have appeared to feel that they were competent to perform duties for which they have not been trained. I would also like to see the students receive more exposure to psychological terminology and to receive much more training in expressing themselves clearly in writing.

I hope this information will be of help to you, Dr. Simon.

Sincerely,

Nancy Rietdorf

Nancy Rietdorf, M. A.
Psychologist
Adult Services Coordinator

NR:bsk

COMPREHENSIVE MENTAL HEALTH PLAN

for

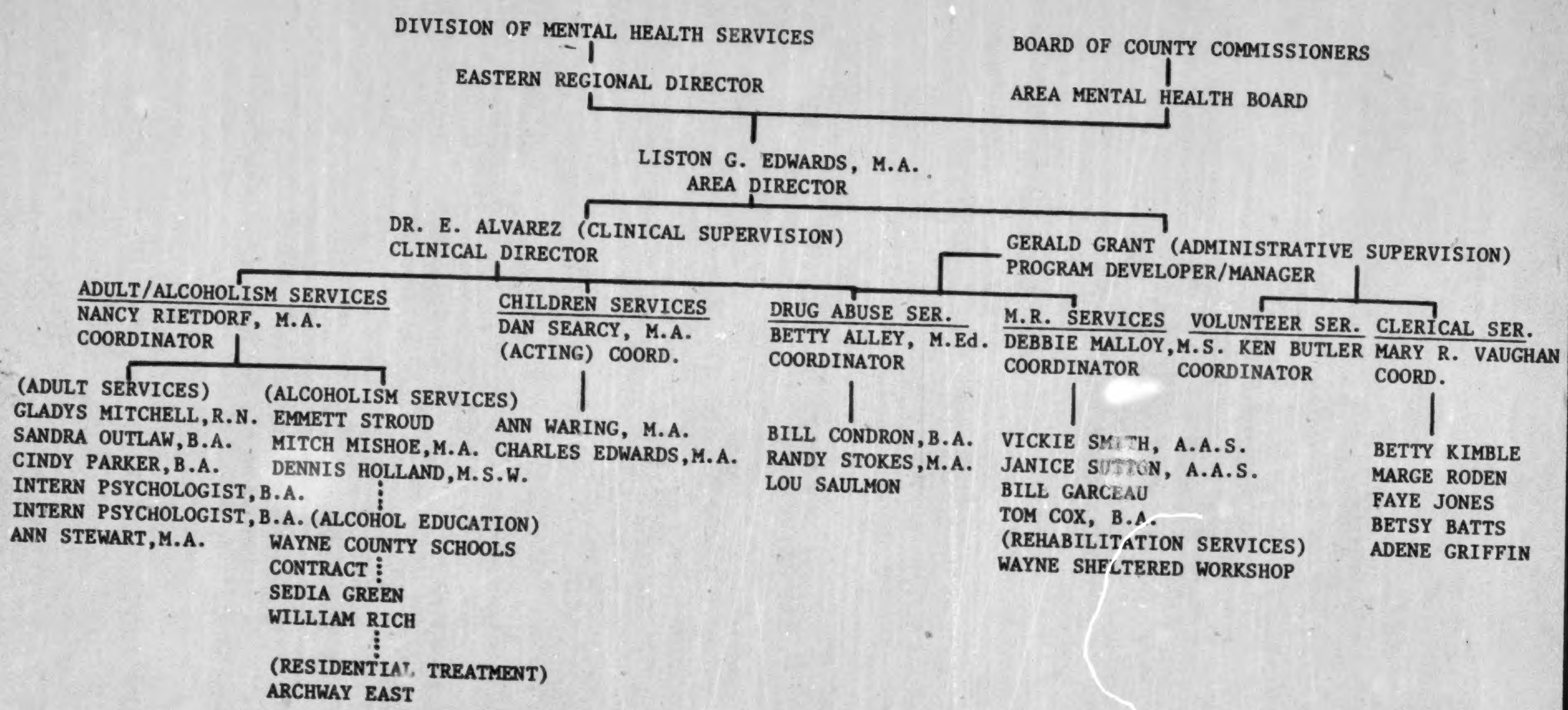
Wayne County

May, 1975*

---

*(The Tables presented in this section were taken from a manual prepared by the staff of the Wayne County Mental Health Center in May, 1975.)

WAYNE COUNTY MENTAL HEALTH CENTER



- DIVISION OF MENTAL HEALTH SERVICES
  - EASTERN REGIONAL DIRECTOR
- BOARD OF COUNTY COMMISSIONERS
  - AREA MENTAL HEALTH BOARD

LISTON G. EDWARDS, M.A.
AREA DIRECTOR

DR. E. ALVAREZ (CLINICAL SUPERVISION)
CLINICAL DIRECTOR

GERALD GRANT (ADMINISTRATIVE SUPERVISION)
PROGRAM DEVELOPER/MANAGER

- ADULT/ALCOHOLISM SERVICES
  NANCY RIETDORF, M.A.
  COORDINATOR
  - (ADULT SERVICES)
    - GLADYS MITCHELL, R.N.
    - SANDRA OUTLAW, B.A.
    - CINDY PARKER, B.A.
    - INTERN PSYCHOLOGIST, B.A.
    - INTERN PSYCHOLOGIST, B.A.
    - ANN STEWART, M.A.
  - (ALCOHOLISM SERVICES)
    - EMMETT STROUD
    - MITCH MISHOE, M.A.
    - DENNIS HOLLAND, M.S.W.
    - (ALCOHOL EDUCATION)
      WAYNE COUNTY SCHOOLS
      CONTRACT
    - SEDIA GREEN
    - WILLIAM RICH
    - (RESIDENTIAL TREATMENT)
      ARCHWAY EAST
- CHILDREN SERVICES
  DAN SEARCY, M.A.
  (ACTING) COORD.
  - ANN WARING, M.A.
  - CHARLES EDWARDS, M.A.
- DRUG ABUSE SER.
  BETTY ALLEY, M.Ed.
  COORDINATOR
  - BILL CONDRON, B.A.
  - RANDY STOKES, M.A.
  - LOU SAULMON
- M.R. SERVICES
  DEBBIE MALLOY, M.S.
  COORDINATOR
  - VICKIE SMITH, A.A.S.
  - JANICE SUTTON, A.A.S.
  - BILL GARCEAU
  - TOM COX, B.A.
  - (REHABILITATION SERVICES)
    WAYNE SHELTERED WORKSHOP
- VOLUNTEER SER.
  KEN BUTLER
  COORDINATOR
- CLERICAL SER.
  MARY R. VAUGHAN
  COORD.
  - BETTY KIMBLE
  - MARGE RODEN
  - FAYE JONES
  - BETSY BATTS
  - ADENE GRIFFIN

TABLE: 2 Population of Incorporated Towns Within Wayne County, 1970.

TOWN	POPULATION
Goldsboro	26,810
Seven Springs	188
Fremont	1,596
Mount Olive	4,914
Pikeville	260
Eureka	263

TABLE: 3 Average Per Capita Income, 1970.

WAYNE	STATE
$1,996	$2,492

TABLE: 4 Rate of Unemployment in Work Force.

1965	1970	1971	1972	1973	1974	1975
5.1	3.7	4.1	4.2	3.1	9.0	12.3

TABLE: 5 Number of People in Work Force.

1965	1970	1975
28,710	35,010	34,340

TABLE: 6 Population and Percent of Total Population by Race, 1970.

Number of Whites	Percent Whites of Total Population	Number of Blacks	Percent Blacks of Total Population
56,794	68.5%	28,350	33.2%

TABLE: 7 Percent of All Housing Units Occupied by Owner. (Total, Black), 1970.

TOTAL	BLACK
49.95%	33.75%

TABLE: 8 Percent of Housing that is Overcrowded: More than one person per room, 1970.

TOTAL	BLACK
11.45%	22.69%

TABLE: 9 Wayne County Mental Health Center Psychiatric Diagnosis For Fiscal Year 1973-74.

	CHILDREN		ADULTS		TOTAL	
DIAGNOSIS	NO.	%	NO.	%	NO.	%
OBS Non-Psychotic	10	03	03	01	13	02
OBS Psychoses	--	--	02	--	02	--
Mental Retardation	46	13	41	09	87	11
Schizophrenia	04	01	37	08	41	05
Major Affective Disorders	--	--	02	--	02	--
Paranoid State	--	--	01	--	01	--
Psychophysiologic Disorders	01	01	01	--	02	--
Special Symptoms	11	03	01	--	11	--
Neurosis	08	02	60	14	68	08
Personality Disorders	50	14	128	29	178	22
Transiet Situational Disturbance	58	16	19	04	77	10
Behavior of Childhood/ Adolescence	75	21	04	01	78	10
Social Maladjustments	08	02	41	09	49	06
Diagnosis Deferred	94	26	103	23	197	24
	364		442		806	

TABLE: 10 Percent of Live Births Out of Wedlock and Change Per 1
Live Births, 1965 and 1970, By Race.

White		Change Per 100 Live Births	Nonwhites		Change Per 100 Live Births
1965	1970		1965	1970	
2.5	3.0	0.5	29.8	35.4	5.6

TABLE: 11 "Matriarchy Index": Percent of Families with any own Children Under Age 18, Which are Headed by Women, 1970, By Race.

White	Nonwhite
9.02	30.15

TABLE: 12 Index of One Parent-Children Under Age 18: Percent of All Persons Under Age 18, Not Living with Both Parents, 1960, 1970, By Race.

White		Nonwhite	
1960	1970	1960	1970
9.7	15.8	35.4	46.6

TABLE: 13 Index of One Parent Family-Children Under Six: Percent of Families with Own Children Under Age Six, Which are NOT Husband-Wife Families, 1970, By Race.

White	Nonwhite
7.61	28.50

TABLE: 14 Marital Unrest Index: Percent of Females Ever Married, Now Separated or Divorced, 1960, By Race.

White		Nonwhite	
1960	1970	1960	1970
3.36	5.04	23.61	15.69

TABLE: 15 Population 65 and Over in Wayne County, 1970, By Race.

TOTAL	WHITE	NONWHITE
5,815	3,777	2,038

TABLE: 16 Percent of People 65 and Over Who Get Aid to the Aged, 1970, Wayne County.

PERCENT
14%

TABLE: 17 Number of Nursing Homes and Nursing Home Beds, 1970

	HOMES	BEDS
1970	2	85
1971	2	85
1972	2	153
1973	2	153
1974	3	253

TABLE: 18 Percent of Persons 65 and Over Living Alone, by Race.

WHITE	NONWHITE
24.94	19.68

TABLE: 19 Total Admissions to the Alcoholic Rehabilitation Center FY 1968 -- FY 1974.

FY '68	FY '69	FY '70	FY '71	FY '72	FY '73	FY '74
03	03	40	20	24	29	29

TABLE: 20 Total Admissions to the Alcoholic Rehabilitation Center From Wayne County by Age, FY 1972 -- 1974.

	18-24	25-44	45-65	65+
1972	04	13	07	--
1973	04	10	13	02
1974	02	15	10	02

TABLE: 21 Drug Program Total New Admissions January 1974 - April 1975.

58

TABLE: 22 Age Range of New Admissions in Drug Program 1974 - 75.

16 - 33

TABLE: 23 Number of Drug Arrests in Wayne County, January 1974 - March 1975.

City	County
90	97

TABLE: 24 Number of Recorded Drug Related Cases Tried - January 1974 through April 1975.

District Criminal Court	Superior Court
105	Not Available (April 1975 - 60)

TABLE: 25 Some Indicators of Potential Drug Abuse Problems - January 1974 - March 1975.

Police Arrests (Breaking, Entering, and Larceny)	
Physician's Offices Broken Into	4
Pharmacies Broken Into	3
Death by Overdose	1

TABLE: 26 County and City School Drug Related Suspensions 1974 - 75.

Reported
37

TABLE: 27 Comparison of Population Statistics for Clients Admitte
to the Wayne County Mental Health Center FY 1972, with
1970 Census Data for Wayne County.

Population Characteristics	Clients Admitted To WCHMC FY 1972	Total Population Wayne County
Male	417	42,209
Female	441	43,199
White	581	56,794
Nonwhite	277	28,350
AGE		
Under 5	23	7,393
5 - 14	232	19,147
15 - 19	203	8,489
20 - 24	112	8,184
25 - 34	135	11,289
35 - 44	88	10,221
45 - 64	58	14,870
65 +	7	5,815

TABLE: 28 Comparison of Population Statistics for Clients Admitted to the Wayne County Mental Health Clinic FY 71 - 72, with 1970 Census Data for Wayne County and North Carolina.

Population Characteristics	Clients Admitted To WCMHC FY 71-72	Total Population Wayne County	Total Population North Carolina
Total Population	806	85,408	5,082,059
% Male	49.37	49.42	48.94
% Female	50.63	40.58	51.06
% White	66.74	66.46	76.57
% Nonwhite	33.26	33.54	23.43
Age Breakdown By Percentages			
Under 5 years	2.48	8.67	8.64
5 - 14	26.79	22.44	19.99
15 - 24	38.46	19.54	19.36
25 - 34	15.36	13.21	12.69
35 - 44	9.92	11.90	11.56
45 - 54	4.59	10.01	11.03
55 - 64	1.36	7.41	8.60
65 and over	0.74	6.81	8.14

TABLE: 29 Total Admissions to the Wayne County Mental Health Center, FY 1968 - FY 1972.

FY 1968	FY 1969	FY 1970	FY 1971	FY 1972	FY 1973	FY 1974
290	464	493	581	858	751	811 (To Date)

TABLE: 30 Total Admissions to Cherry Hospital from Wayne County FY 1968 - FY 1972.

FY 1968	FY 1969	FY 1970	FY 1971	FY 1972	FY 1973	FY 1974
313	336	330	350	441	436	603

TABLE: 31 Total Admissions to Cherry Hospital by Age, Group, FY 1972.

	5-18	19-24	25-44	45-66	65+
1972	3	66	205	139	28
1973	4	9	138	199	73
1974	8	61	282	221	31

TABLE: 32 Psychiatric Admissions to the Wayne County Memorial Hospital, April 1973 - February 1974.

April	May	June	July	August	September
12	7	12	19	15	15

Oct.	Nov.	Dec.	Jan.	Feb.
31	43	32	34	55

WAYNE COUNTY MENTAL HEALTH CENTER
DIRECT SERVICES STATISTICS BY MONTH
January 1973 - September 1974

TABLE: 33

MONTH	ACTIVE CASELOAD START OF MONTH	FIRST ADMISSION	READMISSION	TERMINATION	STAFF INTERVIEW INDIVIDUAL	GROUP
January, 1973	1219	58	7	12	1139	70
February, 1973	1272	63	7	7	1245	64
March, 1973	1335	62	3	2	1180	62
April, 1973	1398	55	7	0	1218	65
May, 1973	1460	73	6	18	1215	63
June, 1973	1521	60	4	2	1195	60
July, 1973	1583	57	4	156	1090	58
August, 1973	1488	53	5	32	995	56
September, 1973	1514	54	2	22	1020	52
October, 1973	1548	72	7	2	572	28
November, 1973	1625	45	13	4	555	16
December, 1973	1679	46	10	26	473	18

TABLE: 33 (Cont.)

MONTH	ACTIVE CASELOAD START OF MONTH	FIRST ADMISSION	READMISSION	TERMINATION	STAFF INTERVIEW	
					INDIVIDUAL	GROUP
January, 1974	1709	77	3	4	752	15
February, 1974	1785	70	4	0	663	11
March, 1974	1859	64	14	0	746	45
April, 1974	1937	60	7	185	728	10
May, 1974	1819	66	6	637	646	24
June, 1974	1254	50	10	2	558	27
July, 1974	1312	59	8	53	682	27
August, 1974	1326	70	18	6	582	22
September, 1974	1408	71	14	11	695	24
October, 1974	1482	53	16	55	745	27
November, 1974	1496	65	17	114	812	39
December, 1974	1464	65	11	6	662	32
January, 1975	1534	59	26	27	628	27
February, 1975	1592	79	24	65	694	24
March, 1975	1630	80	16	66	586	11

TABLE: 34 Age Groups Within Wayne County

Age Groups	Number	% of Area Population
Under 5	7,393	8.7
5-9	9,375	10.9
10-14	9,772	11.4
15-19	8,489	10.1
20-24	8,184	9.6
25-34	11,289	13.3
35-44	10,221	11.9
45-54	8,540	9.9
55-64	6,330	7.4
65-74	3,887	4.6
75-+	1,928	2.2

TABLE: 35 Family Income of Wayne County

Income	Number
Under $1,000	1,050
$1,000-$1,999	1,503
$2,000-$2,999	1,439
$3,000-$3,999	1,709
$4,000-$4,999	1,916
$5,000-$5,999	2,093
$6,000-$6,999	1,639
$7,000-$7,999	1,621
$8,000-$8,999	1,380
$9,000-$9,999	1,143
$10,000-$11,999	1,953
$12,000-$14,999	1,484
$15,000-$24,999	1,389
$25,000-$49,000	195
$50,000- over	48

GOLDSBORO CITY SCHOOLS
P. O. Box 1797 Telephone 734-0561
GOLDSBORO, NORTH CAROLINA 27530

Office of the
Superintendent

October 20, 1975

Mr. Dan Cowley, Chairman
Department of Human Services
Wayne Community College
Caller Box 8002
Goldsboro, North Carolina 27530

Dear Mr. Cowley:

In reply to your letter dated September 29, 1975, and following Mr. S. C. Chandler's telephone conversation with you, the following information is supplied for your N.I.M.H. report:

1. The organizational chart that is printed in the North Carolina Education Directory, 1969-70, is enclosed.

2. Percentage of students at William Street School with whom you worked in proportion to city school membership:

Year	City-Wide	William Street	Percent
1971-72	6,673	1,031	15.5
1972-73	6,420	988	15.4
1973-74	6,125	669	10.9
1974-75	5,874	666	11.3

3. Services provided:

Psychological	Speech and Hearing
Remedial Reading	Remedial Mathematics

I hope this information will assist you in compiling your report.

Sincerely,

James E. Surratt
Superintendent

JES:ceb

Enclosure

W|C
S

WAYNE COUNTY SCHOOLS

GOLDSBORO, NORTH CAROLINA 27530

301 North Herman Street, Box GG

Telephone 919/736-1104

October 10, 1975

Mr. Dan Cowley, Chairman
Department of Human Services
Wayne Community College
Caller Box 8002
Goldsboro, North Carolina 27530

Dear Mr. Cowley:

Enclosed is the information you requested as nearly as we can supply it. We regret that our figure breakdown does not supply the exact information you desire, but we trust this information will assist you.

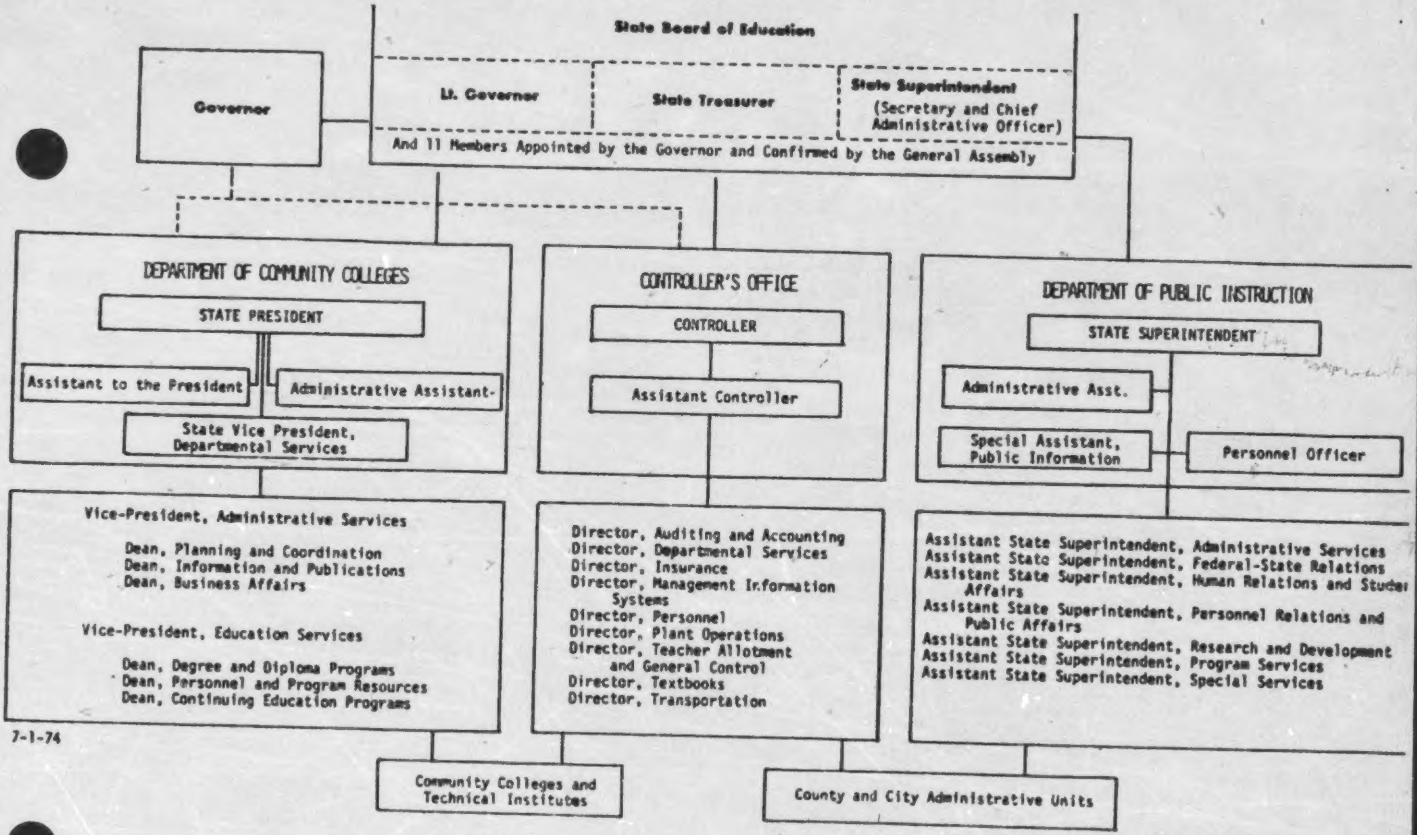
Very truly yours,

John K. Wooten, Jr.

John K. Wooten, Jr.
Superintendent

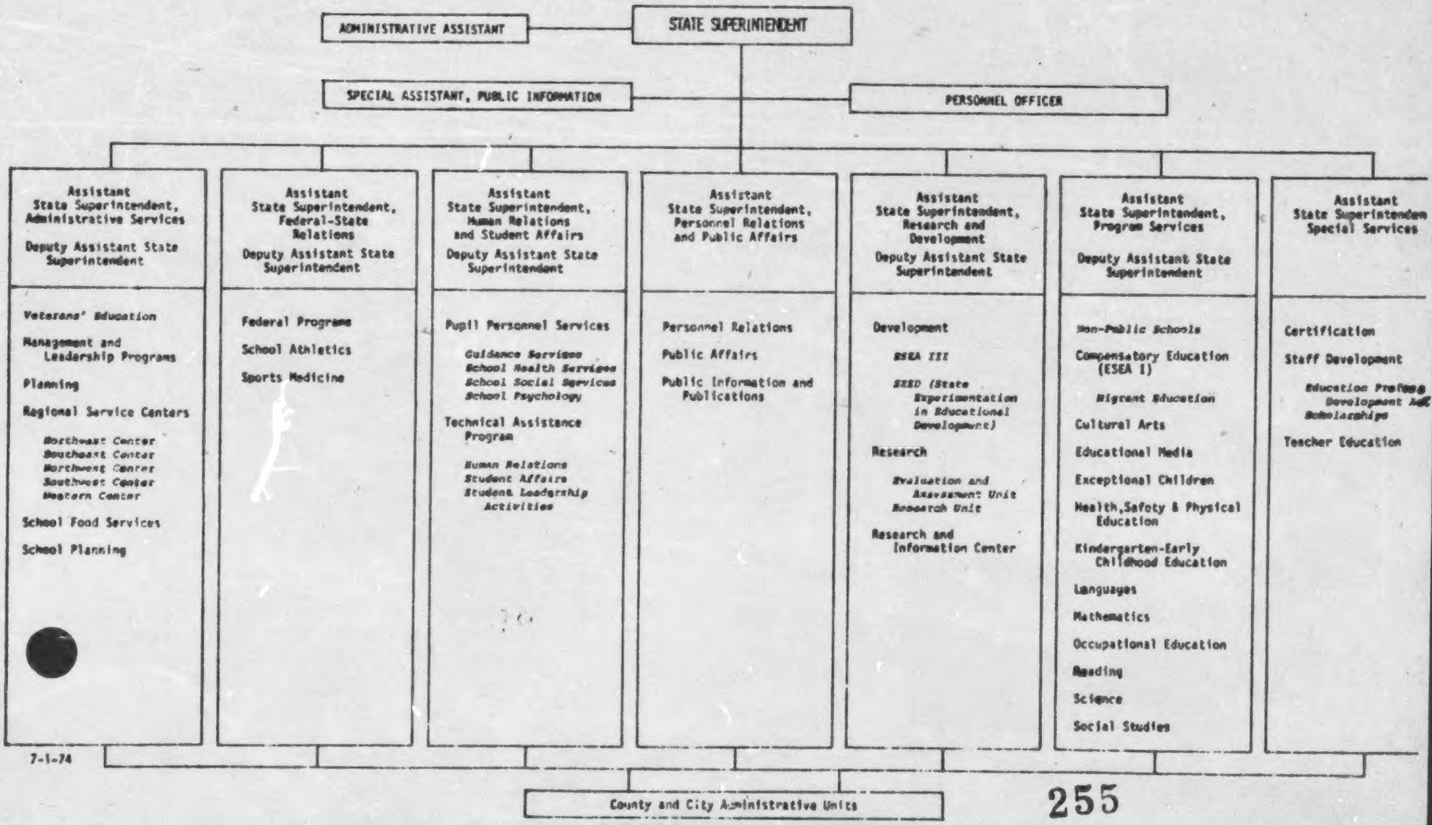
dgF/6

Enclosure


State Board of Education
Lt. Governor
State Treasurer
State Superintendent
(Secretary and Chief Administrative Officer)
And 11 Members Appointed by the Governor and Confirmed by the General Assembly
Governor
DEPARTMENT OF COMMUNITY COLLEGES
STATE PRESIDENT
Assistant to the President
Administrative Assistant
State Vice President, Departmental Services
Vice-President, Administrative Services
Dean, Planning and Coordination
Dean, Information and Publications
Dean, Business Affairs
Vice-President, Education Services
Dean, Degree and Diploma Programs
Dean, Personnel and Program Resources
Dean, Continuing Education Programs
CONTROLLER'S OFFICE
CONTROLLER
Assistant Controller
Director, Auditing and Accounting
Director, Departmental Services
Director, Insurance
Director, Management Information Systems
Director, Personnel
Director, Plant Operations
Director, Teacher Allotment and General Control
Director, Textbooks
Director, Transportation
DEPARTMENT OF PUBLIC INSTRUCTION
STATE SUPERINTENDENT
Administrative Asst.
Special Assistant, Public Information
Personnel Officer
Assistant State Superintendent, Administrative Services
Assistant State Superintendent, Federal-State Relations
Assistant State Superintendent, Human Relations and Stude
Affairs
Assistant State Superintendent, Personnel Relations and Public Affairs
Assistant State Superintendent, Research and Development
Assistant State Superintendent, Program Services
Assistant State Superintendent, Special Services
Community Colleges and Technical Institutes
County and City Administrative Units

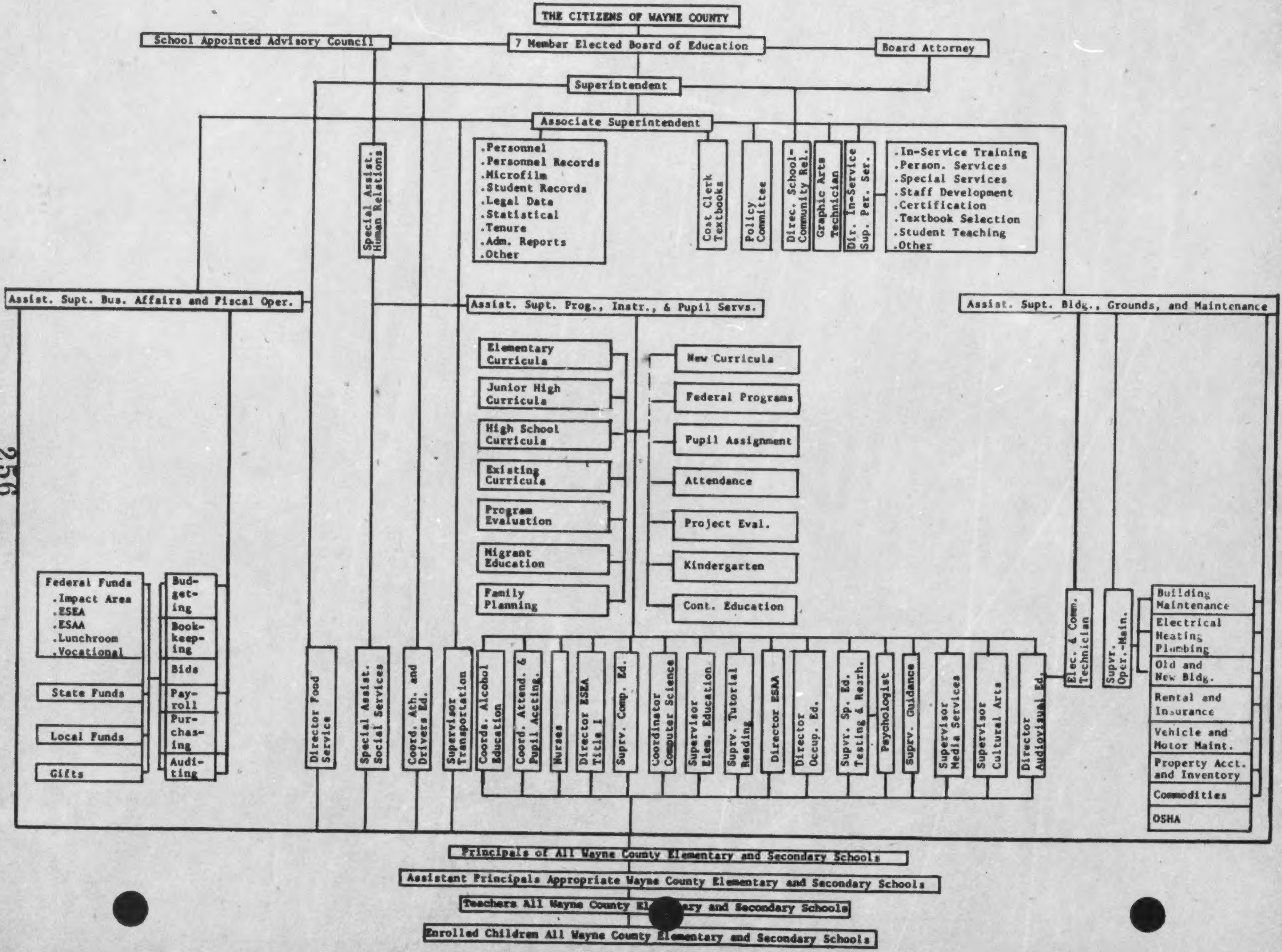
7-1-74

Department of Public Instruction


ADMINISTRATIVE ASSISTANT
STATE SUPERINTENDENT
SPECIAL ASSISTANT, PUBLIC INFORMATION
PERSONNEL OFFICER
Assistant State Superintendent, Administrative Services
Deputy Assistant State Superintendent
Veterans' Education
Management and Leadership Programs
Planning
Regional Service Centers
Northeast Center
Southeast Center
Northwest Center
Southwest Center
Western Center
School Food Services
School Planning
Assistant State Superintendent, Federal-State Relations
Deputy Assistant State Superintendent
Federal Programs
School Athletics
Sports Medicine
Assistant State Superintendent, Human Relations and Student Affairs
Deputy Assistant State Superintendent
Pupil Personnel Services
Guidance Services
School Health Services
School Social Services
School Psychology
Technical Assistance Program
Human Relations
Student Affairs
Student Leadership Activities
Assistant State Superintendent, Personnel Relations and Public Affairs
Personnel Relations
Public Affairs
Public Information and Publications
Assistant State Superintendent, Research and Development
Deputy Assistant State Superintendent
Development
ESEA III
SEED (State Experimentation in Educational Development)
Research
Evaluation and Assessment Unit
Research Unit
Research and Information Center
Assistant State Superintendent, Program Services
Deputy Assistant State Superintendent
Non-Public Schools
Compensatory Education (ESEA I)
Migrant Education
Cultural Arts
Educational Media
Exceptional Children
Health, Safety & Physical Education
Kindergarten-Early Childhood Education
Languages
Mathematics
Occupational Education
Reading
Science
Social Studies
Assistant State Superintenden Special Services
Certification
Staff Development
Education Profess Development and Scholarships
Teacher Education
County and City Administrative Units

7-1-74

WAYNE COUNTY PUBLIC SCHOOLS ORGANIZATIONAL CHART


THE CITIZENS OF WAYNE COUNTY
School Appointed Advisory Council
7 Member Elected Board of Education
Board Attorney
Superintendent
Associate Superintendent
.Personnel
.Personnel Records
.Microfilm
.Student Records
.Legal Data
.Statistical
.Tenure
.Adm. Reports
.Other
Special Assist. Human Relations
Cost Clerk Textbooks
Policy Committee
Direc. School-Community Rel.
Graphic Arts Technician
Dir. In-Service Sup. Per. Ser.
.In-Service Training
.Person. Services
.Special Services
.Staff Development
.Certification
.Textbook Selection
.Student Teaching
.Other
Assist. Supt. Bus. Affairs and Fiscal Oper.
Assist. Supt. Prog., Instr., & Pupil Servs.
Assist. Supt. Bldg., Grounds, and Maintenance
Elementary Curricula
Junior High Curricula
High School Curricula
Existing Curricula
Program Evaluation
Migrant Education
Family Planning
New Curricula
Federal Programs
Pupil Assignment
Attendance
Project Eval.
Kindergarten
Cont. Education
Federal Funds
.Impact Area
.ESEA
.ESAA
.Lunchroom
.Vocational
State Funds
Local Funds
Gifts
Bud-get-ing
Book-keep-ing
Bids
Pay-roll
Pur-chas-ing
Audi-ting
Director Food Service
Special Assist. Social Services
Coord. Ath. and Drivers Ed.
Supervisor Transportation
Coords. Alcohol Education
Coord. Attend. & Pupil Accting.
Nurses
Director ESEA Title I
Suprv. Comp. Ed.
Coordinator Computer Science
Supervisor Elem. Education
Suprv. Tutorial Reading
Director ESAA
Director Occup. Ed.
Supvr. Sp. Ed. Testing & Rsrh.
Psychologist
Suprv. Guidance
Supervisor Media Services
Supervisor Cultural Arts
Director Audiovisual Ed.
Elec. & Comm. Technician
Supvr. Oper.-Main.
Building Maintenance
Electrical Heating Plumbing
Old and New Bldg.
Rental and Insurance
Vehicle and Motor Maint.
Property Acct. and Inventory
Commodities
OSHA
Principals of All Wayne County Elementary and Secondary Schools
Assistant Principals Appropriate Wayne County Elementary and Secondary Schools
Teachers All Wayne County El ary and Secondary Schools
Enrolled Children All Wayne County Elementary and Secondary Schools

1971-72
Enrollment

School	Total Enrollment	Total Minority	% Minority
Belfast	406	73	18.0
Brogden Jr.	1309	408	31.2
Brogden Primary	653	167	25.6
Carver	847	404	48.0
C. B. Aycock	845	407	48.1
E. Wayne Elem.	1330	283	21.3
E. Wayne Jr.	775	165	21.3
E. Wayne Sr.	1018	226	22.2
Eureka	236	122	51.7
Fremont	450	206	45.8
Grantham	606	188	31.0
Greenwood	1508	259	17.2
Meadow Lane	1473	234	15.9
Mt. Olive	886	437	49.3
Nahunta	215	62	28.8
Norwayne	782	278	35.5
Pikeville	316	137	43.3
Rosewood	926	206	22.2
Seven Springs	183	55	30.0
Southern Wayne	1145	440	38.4
	15,909	4757	29.90

jhaTh/7

1972-73
Enrollment

School	Total Enrollment	Total Minority	% Minority
Belfast	437	70	19.0
Brogden Jr.	1481	496	33.5
Brogden Primary	596	187	31.4
Carver	860	441	51.3
C. B. Aycock	778	290	37.3
E. Wayne Elem.	1220	246	20.2
E. Wayne Jr.	788	138	17.5
E. Wayne Sr.	1165	254	21.8
Eureka	271	156	57.6
Fremont	408	206	50.5
Grantham	599	189	31.6
Greenwood	1546	282	18.2
Meadow Lane	1449	285	19.7
Mt. Olive	834	405	48.6
Nahunta	203	56	27.6
Norwayne	745	255	34.2
Pikeville	336	140	41.6
Rosewood	944	207	21.9
Seven Springs	154	44	28.6
Southern Wayne	1163	429	36.9
	15,977	4776	29.89

jhaTh/6

1973-74 Enrollment

School	Total Enrollment	No. Minority	% Minority
Belfast	443	55	12.4
Brogden Jr.	1,543	508	32.9
Brogden Primary	675	234	34.7
Carver	817	441	54.0
C. B. Aycock	685	255	37.2
Eastern Wayne Elementary	1,161	262	22.6
Eastern Wayne Jr.	737	128	17.4
Eastern Wayne Sr.	1,267	270	21.3
Eureka	296	156	52.7
Fremont	370	183	49.4
Grantham	586	189	32.3
Greenwood	1,492	331	22.2
Meadow Lane	1,218	298	24.5
Mt. Olive	865	376	43.5
Nahunta	229	57	25.0
Norwayne	748	258	34.5
Pikeville	373	153	41.0
Rosewood	1,087	210	19.3
Seven Springs	198	47	23.7
Southern Wayne	1,217	474	38.9
	16,007	4,885	30.52

dgTh/5

1974-75 Enrollment

School	Total Enrollment	No. Minority	% Minority
Belfast	363	44	12.1
Brogden Jr.	1,624	573	35.3
Brogden Primary	623	225	36.1
Carver	732	379	51.8
C. B. Aycock	697	227	32.6
Eastern Wayne Elementary	1,135	259	22.8
Eastern Wayne Jr.	717	117	16.3
Eastern Wayne Sr.	1,290	297	23.0
Eureka	231	116	50.0
Fremont	354	167	47.2
Grantham	616	209	33.9
Greenwood	1,325	325	24.5
Meadow Lane	1,022	257	25.1
Mt. Olive	792	351	44.3
Nahunta	199	39	19.6
Norwayne	844	272	32.2
Pikeville	316	112	35.4
Rosewood	1,011	174	17.2
Seven Springs	229	61	26.6
Southern Wayne	1,274	528	41.4
	15,394	4,732	30.73

dgTh/4

Wayne County Schools
Dropouts 1971-1975
Grades 10-12

SCHOO1	1971-72	1972-73	1973-74	1974-75
Charles B. Aycock High	4.7%	6.4%	5.4%	6%
Eastern Wayne	4.9%	5.9%	2.9%	5%
Rosewood	5.4%	2.6%	3.2%	1%
Southern Wayne	12.5%	10.6%	6.1%	7%
Total	7.7%	7.5%	4.8%	6%

pwwW/4

Speech Impaired

	K	1	2	3	4	5	6	7-9	10-12
1974-75	42	63	80	54	33	24	1	2	0
1973-74	22	85	85	85	34	24	1	3	0
1972-73	2	68	79	76	48	18	5	1	0
1971-72	0	79	101	87	30	28	7	0	0

Hospitalized and Homebound

1974-75	21
1973-74	10---Grs. 1-12
1972-73	No program
1971-72	No program

Gifted and Talented

1974-75	147---Grs. 1-5, 30---Gr. 6, 30---Gr. 7, 30---Gr. 8
1973-74	76----Grs. 1-5, 34---Gr. 6, 30---Gr. 7, 34---Gr. 8
1972-73	30---Gr. 4, 28---Gr. 5, 32---Gr. 6, 31---Gr. 7, 33---Gr. 8
1971-72	29---Gr. 4, 30---Gr. 5, 30---Gr. 6, 33---Gr. 7, 31---Gr. 8

Trainable Mentally Retarded

1974-75	33---not assigned to grades
1973-74	24---not assigned to grades
1972-73	0---no program
1971-72	0---no program

Emotionally Disturbed

1974-75	18---Grs. 1-3
1973-74	51---Grs. 1-3
1972-73	0---no program
1971-72	0---no program

Learning Disabled

1974-75	80---Grs. 1-6
1973-74	0---no program
1972-73	0---no program
1971-72	0---no program

Educable Mentally Retarded

1974-75	563---Grs. 1-12
1973-74	552---Grs. 1-12
1972-73	no figures--estimate--
1971-72	no figures--estimate--

dgTh/3-4

TABLE NO. 1

Grade School Distribution

ESEA Title I Students Enrolled 1971-72 Academic Program

School	K	1	2	3	4	5	6	7	8	9	10	11	12	Totals
Fremont Elem.	21	13D	14D	8RM 4M	13RM 5M	5M	5M							88
Eureka Elem.			8R	8R	10R	16R	5R							47
Carver Elem.	59	1R 16D	14R 36D	26R	19R	19R								190
Norwayne Jr.								35R	44R	16R				95
Seven Springs Elem.	17													17
Pikeville Elem.	60													60
Nahunta Elem.				7R	7R	10R	7R							31
Southern Wayne High											78R			78
Grantham Elem.	23	25R	21R	23R	13R	14R	14R	8R	7R					148
Brogden Prim.			18R	18M										36
Aycock High											49R	30R	26R	105
Brogden Jr. High						73R								73
Rosewood Union	19													19
Mt. Olive Jr.							25R	31R	11R					67
Eastern Wayne Jr.							7R	14R	40R	5R				66
Eastern Wayne High											37R	8R	5R	50
TOTALS:	199	55	111	94	67	137	63	88	102	21	164	38	31	1170

Legend:
R - Reading Program
M - Math Program
D - Distar Program

31 Teachers

TABLE NO. I

GRADE - SCHOOL DISTRIBUTION BY PROGRAM, DUPLICATED COUNT
ESEA TITLE I STUDENTS ENROLLED IN 1972-73 ACADEMIC PROGRAMS

School	K	1	2	3	4	5	6	7	8	9	10	TOTALS BY PROGRAM K	D	R	M	GRAND
Belfast Elem.		11M 11R	9M 11R	12M 12R	9M 11R	11M 12R	12M 11R					-	-	68	64	132
Brogden Junior					33R	37R	29R			81M		-	-	99	81	180
Brogden Primary		53R	36M 49R	36M 47R								-	-	149	72	221
Carver Elem.	63	46R	28R	31D 41R	53M 46R	56M 48R						63	31	209	109	412
Eastern Wayne Junior							23R	31R	32R	1R		-	-	87	-	87
Eureka Elem.			14M 28R	12M 7R	8M 10R	10M 14R	12M 14R					-	-	73	56	129
Fremont Elem.	21		11M 17D 14R	5M 11R	21R	23R	28R					21	17	97	16	151
Grantham Elem.	22	3M 20R	6M 19R	10M 17R	14M 19R	10M 19R	11M 14R	7M 15R	20R			22	-	143	61	226
Mt. Olive Junior							84M 27R	42R	51R	12R		-	-	132	84	216
Nahunta Elem.		10M 10R	10M 9R	10M 11R	10M 9R	10M 10R	10M 10R					-	-	59	60	119
Norwayne Junior								22M 34R	11M 33R	31M 15R		-	-	82	64	146
Pikeville Elem.	64	6M 10R	23M 31R	20M 15R	7M 6R							64	-	62	56	182
Rosewood Elem.-High	23		12M 15R	13M 14R								23	-	29	25	77
Seven Springs Elem.	19		7M	6M 6R	6M 10R	11M 7R	12M 14R					19	-	37	42	98
Southern Wayne High											51R	-	-	51	-	51
TOTALS By Grades		30M 150R	128M 17D 204R	124M 31D 181R	107M 165R	108M 170R	141M 170R	29M 122R	11M 136R	112M 28R	51R					
Grand Totals	212	180	349	336	272	278	311	151	147	140	51	212	48	1377	790	*2427

Legend:
R - Reading Program
M - Math Program
D - Distar Program
K - Kindergarten Program

*Of these 2427 students 404 students were in more than 1 Title I Program.

TABLE NO. 1

GRADE - SCHOOL DISTRIBUTION BY PROGRAM, DUPLICATED COUNT
ESEA TITLE I STUDENTS ENROLLED IN 1973-74 ACADEMIC PROGRAMS

SCHOOL	K	1	2	3	4	5	6	Totals by Program				Unduplicated Count
								K	R	M	GRAND	
Belfast Elem.		11 M 10 R	10 M 10 R	11 M 10 R	11 M 10 R	13 M 11 R	10 M 10 R		61	66	127	84
Brogden Junior					31 R	19 R			50		50	50
Brogden Primary			26 M 23 R	31 M 31 R					54	57	111	73
Carver Elem.	77		21 M	30 M 29 R	26 M 41 R	28 M 31 R		77	101	105	283	244
Eastern Wayne Junior							35 R		35		35	35
Eureka Elem.		1 M 1 R	9 M 7 R	18 M 18 R	20 M 9 R	10 M 13 R	9 M 6 R		54	67	121	82
Fremont Elem.			19 M 13 R	7 M 28 R	9 M 20 R	15 M 30 R	8 M 21 R		117	58	175	94
Grantham Elem.	26	3 R	9 M 18 R	16 M 8 R	13 M 17 R	13 M 12 R		26	58	51	135	109
Mt. Olive Junior							51 M 54 R		54	51	105	72
Nahunta Elem.		3 M 3 R	9 M 9 R	10 M 10 R	10 M 10 R	9 M 10 R	11 M 9 R		51	52	103	60
Pikeville Elem.	80	2 R	9 M 8 R	11 M 10 R	15 M 11 R	9 M 5 R	8 M 12 R	80	48	52	180	156
Seven Springs Elem.			21 M 19 R	5 M 7 R	7 M 6 R	8 M 9 R	10 M 9 R		50	51	101	82
TOTALS By Grades Grand Totals	183	15 M 19 R	133 M 112 R	139 M 151 R	111 M 155 R	105 M 140 R	107 M 156 R	183	733	610	1526	1141

Legend: R - Reading Program
M - Math Program

K - Kindergarten Program

ESAA DATA FORM

Name of Applicant Wayne County Schools State North Carolina

Project School Year 1972-73

Col. 1 Name of School	Col. 2 Negro	Col. 3 American Indian	Col. 4 Spanish-Surnamed American	Col. 5 Portuguese	Col. 6 Oriental	Col. 7 Alaskan Natives	Col. 8 Hawaiian Natives	Col. 9 Non-Minority	Col. 1 Totals
Belfast	62							311	373
Brogden Primary	165							343	508
Brogden Jr. High	431							875	1,306
Carver	422							382	804
Charles B. Aycock	272							394	666
Eastern Wayne Elem.	215							838	1,053
Eastern Wayne Jr. High	131							587	718
Eastern Wayne High	237							814	1,051
Eureka	132							97	229
Fremont	173							192	365
Grantham	166							393	559
Greenwood	266							999	1,265
Meadow Lane	248							910	1,158
Mt. Olive Jr. High	384							410	794
Nahunta	56							131	187
Norwayne	234							445	679
Pikeville	128							164	292
Rosewood	190							686	876
Seven Springs	43							98	141
Southern Wayne High	401							676	1,077
TOTALS:	4,356							9,745	14,101

NOTE: USE SEPARATE FORMS FOR EACH OF THE YEARS BEING REPORTED.

ESAA DATA FORM

Name of Applicant Wayne County Schools

State North Carolina

Project School Year 1973-74

Col. 1 Name of School	Col. 2 Negro	Col. 3 American Indian	Col. 4 Spanish-Surnamed American	Col. 5 Portuguese	Col. 6 Oriental	Col. 7 Alaskan Natives	Col. 8 Hawaiian Natives	Col. 9 Non-Minority	Col. 10 Totals
Belfast	55							357	412
Brogden Primary	213							406	619
Brogden Jr. High	477							982	1,459
Carver	422							357	779
Charles B. Aycock	251							442	693
Eastern Wayne Elem.	250							812	1,062
Eastern Wayne Jr. Hi	129							570	699
Eastern Wayne Hi.	263							950	1,213
Eureka	143							132	275
Fremont	178							177	355
Grantham	175							385	560
Greenwood	299							1,083	1,382
Meadow Lane	277							829	1,106
Mt. Olive Jr. Hi.	355							463	818
Nahunta	57							158	215
Norwayne	256							475	731
Pikeville	141							195	336
Rosewood	207							819	1,026
Seven Springs	43							131	174
Southern Wayne Hi.	461							732	1,183
TOTALS:	4,652							10,445	15,097

NOTE: USE SEPARATE FORMS FOR EACH OF THE YEARS BEING REPORTED.

10

4

TABLE 2A. PUPIL ENROLLMENT DATA FOR *PROJECT* SCHOOL YEAR – DESEGREGATION PLANS OR PLANS TO REDUCE OR ELIMINATE MINORITY GROUP ISOLATION ONLY

DEFINITION: *The project school year for which funds are being requested (or if enrollment patterns cannot be accurately predicted for such year, the most recent school year for which the required enrollment data is available). (See page 1 of the instructions, Item II for a definition of a school "affected by the plan".)*

*Data taken from February, 1975 Principal's Monthly Reports

NAME OF APPLICANT	ENTER DATE OF PROJECT SCHOOL YEAR
Wayne County Board of Education	1974 - 1975

NUMBER OF PUPILS PREDICTED TO BE ENROLLED IN SCHOOLS AFFECTED BY THE PLAN
(If space provided is insufficient, continue on a separate sheet)

NAME OF SCHOOL	TOTAL MINORITY	TOTAL ENROLLMENT	PERCENTAGE MINORITY
Belfast	44	352	12.5
Brogden Jr.	566	1,604	35.3
Brogden Primary	220	611	36.0
Carver	376	722	52.0
Charles B. Aycock	227	695	32.7
Eastern Wayne Elementary	254	1,118	22.7
Eastern Wayne Jr. High	116	711	16.3
Eastern Wayne Sr. High	295	1,272	23.2
Eureka	116	226	51.3
Fremont	167	345	48.4
Grantham	201	601	33.4
Greenwood	327	1,304	25.1
Meadow Lane	263	1,046	25.1
Mt. Olive Jr. High	351	788	44.5
Nahunta	39	198	19.7
Norwayne Jr. High	272	839	32.4
Pikeville	112	314	35.7
Rosewood	165	981	16.8
Seven Springs	60	226	26.5
Southern Wayne	531	1,269	41.8
TOTAL	4,702	15,222	30.89

NUMBER OF PUPILS PREDICTED TO BE ENROLLED IN SCHOOLS NOT AFFECTED BY THE PLAN

NUMBER OF SCHOOLS	TOTAL MINORITY	TOTAL ENROLLMENT	PERCENTAGE MINORITY *(Average)*
N/A	N/A	N/A	N/A
TOTAL *(All schools)*	4,702	15,222	30.89

COUNSELOR STUDENT RATIO
WAYNE COUNTY SCHOOLS
1971 - 1975

School	1971 - 1972			1972 - 1973			1973 - 1974			1974 - 1975		
	Membership	Grades Inclu.	Number Couns.	Membership	Grades Inclu.	Number Couns.	Membership	Grades Inclu.	Number Couns.	Membership	Grades Inclu.	Number Couns.
C. B. Aycock	652	10-12	1	643	10-12	1	644	10-12	1	637	10-12	2
Eastern Wayne	833	10-12	1	984	10-12	1	1091	10-12	2	1124	10-12	2
Rosewood	244	7-12	½	430	7-12	½	458	7-12	½	481	7-12	1
S. Wayne	995	10-12	[illegible]	1033	10-12	2	1054	10-12	2	1118	10-12	2
*Brogden Jr. High	555	7-9	1	646	7-9	1	701	7-9	1	732	7-9	1
E. Wayne Jr. High	707	6-9	1	718	6-9	1	673	6-9	1	657	6-9	1
Greenwood Jr. High	1257	6-9	1	1206	6-9	1	1226	6-9	1	1122	6-9	1
Mt. Olive Jr. High	811	6-9	1	775	6-9	1	779	6-9	1	736	6-9	1
Norwayne Jr. High	721	6-9	1	684	6-9	1	695	6-9	1	761	6-9	1

*Brogden has grades 4 through 9 on the campus. The counselor works primarily with 7 through 9

jhaW/4

JAMES E. HOLSHOUSER, Jr.
Governor

DAVID L. JONES
Secretary

NORTH CAROLINA
DEPARTMENT OF CORRECTION
DIVISION OF PRISONS

831 West Morgan Street   Raleigh, N. C. 27603   (919) 829-3226

RALPH D. EDWARDS
Director

October 15, 1975

Dr. Ralph Simon, Chief
Experimental and Special Training Branch
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dr. Simon:

The Goldsboro Youth Center was fortunate in having been selected by Wayne Community College for participation in the training of Mental Health Associates.

Goldsboro Youth Center is a minimum security subsidiary of the Division of Prisons in the State of North Carolina. This subsidiary does not have a Mental Health Program, however, an awareness of the fact that most persons who enter prison are socially dysfunctional made it possible for us to implement the Internship Program.

During the past four years, four students have utilized our facility for Internship Training. Their basic understanding of human behavior was an asset in this setting. They were given the opportunity to provide individual as well as group counseling to residents. They demonstrated expertise in identifying and dealing with residents who had emotional problems. Their treatment orientation was positively reinforcement for our rehabilitative versus custody orientation.

In my opinion, the greatest weakness of the Intern Program in this facility, lies in the fact that their knowledge of the correctional system was limited. If we are to continue to be responsive to the needs of these interns, I would strongly urge that the future curriculum include a course reflecting a basic orientation to the concept of correction. This would certainly provide depth regarding the Human Services System, as well as enhance the employability of participants in this program.

Finally, I have been very impressed with the total performance of the interns for which I have provided supervision. Infact, I have recently employed a graduate of this program. I have been equally impressed with the support received from Wayne Community College. I would certainly hope that a program of this nature can continue;

for, I feel such programs have definitely positive implications for the future of the Human Services System.

Sincerely,

Edward S. Banks
Superintendent
Goldsboro Youth Center

ESB/skw

September 24, 1975

Dr. Ralph Simon, Chief
Experimental and Special Training Branch
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20852

Dear Dr. Simon:

The Mental Health Program surely has been well received in Goldsboro and Wayne County, North Carolina. This program has caused agencies in this county needing people in this field to look for Wayne Community College graduates. Until this program was initiated there was not an agency in Wayne County that a persons could receive training to work with mental health clients except on the job training. Now a great number of persons employed in the mental health institution are enrolling in this program to receive this training to be upgraded on their job and to earn a degree in Mental Health

This program has become a stepping stone for people desiring to work with handicapped and disadvantaged persons. The program course contents are very good. A student can receive enough training that enables him/her to go into the world of work and also enough background that he may go into a speciality area of Human Services.

The people of Wayne County are pleased that Wayne Community College is offering a two year degree in Human Services. Our graduates are finding employment and the employer are pleased with their performance on the job.

Yours truly,

P A Best

P. A. Best

STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF VOCATIONAL REHABILITATION SERVICES

GOLDSBORO 27530

JAMES E. HOLSHOUSER, JR.
GOVERNOR

DAVID T. FLAHERTY
SECRETARY

CLAUDE A. MYER
DIRECTOR

P. O. Drawer H
735-4121, Ext. 481

October 3, 1975

Mr. Dan Cowley, Chairman
Department of Human Services
Wayne Community College
P. O. Box 1878
Goldsboro, N. C. 27530

Dear Mr. Cowley:

I received your communication request from Mr. Taylor concerning our program. As Mr. Taylor is out sick, I am going to attempt to supply you with the same.

Enclosed in this package are the following organizational charts: the State Departments organizational chart, an organizational chart on North Carolina Division of Vocational Rehabilitation, Regional organizational chart and our local organizational chart. I am also supplying you with our latest program description, however, we have made some changes in the last year but we have not made out a new program description. Hopefully the one I am sending will suffice.

For the last four fiscal years, our statistics have been as follows: during the fiscal year of 1971-72, we worked with 2,369 patient clients at Cherry Hospital and O'Berry Center. Of this number, 1,086 became Vocational Rehabilitation clients. During the fiscal year 1972-73, we worked with 2,049 of which 881 became Vocational Rehabilitation clients, during the fiscal year of 1973-74, we worked with 1,726 of which 774 became Vocational Rehabilitation clients, during the fiscal year of 1974-75, we worked with 1,434 of which 601 became Vocational Rehabilitation clients. As you can see by these figures, the census of the hospital has decreased rapidly in the last four years. As I recall, in 1963 when I came to work here, the census of the hospital was 3,500 and now I imagine it is not over 1,200. Each and every client that enters the hospital is looked at by our V. R. Counselors based on all units. However, all of them do not become V. R. clients. In order for them to become V. R. clients, they have to meet our three point criteria which is as follows: (1) The presence of a physical or mental disability; (2) The existence of a substantial handicap to employment; (3) A reasonable expectation that Vocational Rehabilitation services may render the individual fit to engage in a gainful occupation.

October 3, 1975

If you have any problems in digesting this information that I am sending, please feel free to cal[illegible] I will try any way I can to help you.

Cordially,

James L. Herring
Program Administrator

JLH:db

cc: Ron Taylor

Secondary Resources

Available resources peripheral to the program include the following:

1. Directors and faculty of other Mental Health Associate Programs
2. Counselors in the WCC Division of Student Personnel Services
3. Officials and employees of the regional and central offices of the State Department of Human Resources, Community Colleges, Social Control and Rehabilitation, and Public Instruction
4. The Community College Mental Health Worker Project of the Southern Regional Education Board
5. The Center for Human Services and Resources at Johns--Hopkins University, Baltimore, Md.
6. The North Carolina Governor's Council on Aging
7. The Human Resources Training Institute at East Carolina University in Greenville, N. C.
8. The Joint Advisory Board on Mental Health Associates of the North Carolina State Departments of Human Resources and Community Colleges
9. The National Organization of Human Services
10. The Social Action Group staff-Seymour Johnson Air Force Base, Goldsboro, N. C.
11. The North Carolina Easter Seals Society for Crippled Adults and Children, Inc.
12. The Wayne County and North Carolina Mental Health Associations
13. The Wayne County and North Carolina Associations for Retarded Citizens
14. The Triangle Universities Computing Center, the Research Triangle, Raleigh, N. C.

CHAPTER 9

TRAINING STAFF

The College determined that additional faculty would be needed to implement the MHA training program. There were ample English instructors to handle the English sequence, but there was only one psychology instructor and one sociology instructor on the staff--and no mental health instructors. The College employed an additional psychology instructor and an additional sociology instructor to handle increased teaching loads in those areas. A psychologist on the Cherry Hospital staff was employed half-time by the College to teach specialized Mental Health courses and to supervise practical experiences in the hospital. Other specialized courses were taught by a social worker and a registered psychiatric nurse employed by the in-service education department of the hospital.

The College had specified that it would recruit a person with a master's degree in Mental Health, Psychology or Social Work to serve as program director. During seven months of active recruitment, after the project was funded by NIMH in July, 1971, the Dean of Instruction doubled as program director. On February 1, 1975, Wayne Community College employed the current director. The director had established and coordinated a Mental Health Associate program at Western Piedmont Community College in Morganton, North Carolina, for three years prior to joining the Wayne Community College staff. The program director held a Bachelor's degree in Psychology from East Carolina University and a Master's degree in Psychology from the University of Georgia and had completed additional graduate work at the University of Maine.

The following Biographical Sketches are offered as a sample of the type of staff which exemplarized the efforts of the mental health training program at Wayne Community College to provide diverse and competent instructors to mental health and human services students. These sketches are offered only as samples, since there are many more staff persons who have instructed the students for whom sketches do not appear. Also, each sketch only samples the credentials of the staff who have taught in the program at one time. The reader can gain a feeling for the flavor and spirit of the program by glancing over these biographical sketches.

RESUME'

Name: Robert Daniel Cowley
Date of Birth: March 8, 1941
Place of Birth: Hampton, Virginia
Citizenship: United States
Sex: Male
Race: White

EDUCATION

School Location	Dates	Degree	Major
Hampton City Public Schools Hampton, Virginia	1947 - 1960	Diploma	College Preparatory
Campbell College Buies Creek, North Carolina	1960 - 1963	-	-
East Carolina University Greenville, North Carolina	1965 - 1967	B.A.	Psychology
University of Georgia Athens, Georgia	1967 - 1972	M.S.	Psychology
North Carolina State University Raleigh, North Carolina	1972-present	Ph.D*	Psychology

*(coursework completed May, 1976; scheduled for May, 1977 graduation)

EMPLOYMENT

Work-Study Scholarship (1966-67)
Psychology Department
East Carolina University
Greenville, North Carolina

Research Assistantship (1967-1968)
Psychology Department
University of Georgia
Athens, Georgia

Teaching Assistantship (1969)
Psychology Department
University of Georgia
Athens, Georgia

Coordinator (1969-1972)
Mental Health Associate Program
Western Piedmont Community College
Morganton, North Carolina

Chairman (1972 - present)
Department of Human Services
Wayne Community College
Goldsboro, North Carolina

CONSULTATION

C-2 Unit - Dr. Paul Boyles (1970)
Broughton Hospital
Morganton, North Carolina

Human Services Program - Ray Olson, Ph.D.
College of DuPage
Glen Ellyn, Illinois

Mrs. Myrna Kassell, Ph.D., Director (1971)
Human Services Manpower Careers Center
Chicago, Illinois

Jerry Coffey, Ph.D. (1971-1972)
Department of Psychology
Western Carolina University
Cullowhee, North Carolina

Mr. Jerry Edwards, Director (1972-1974)
Wayne County Mental Health Center
Goldsboro, North Carolina

Dr. Harold McPheeters (1975)
Southern Regional Education Board
Atlanta, Georgia

Human Resources Training Institute (1974)
East Carolina University
Greenville, N. C.

Mr. Jim King, Director
Staff Development and In-Service Training
Department of Human Resources
Frankfort, Kentucky

Division of Continuing Education
East Carolina University
Greenville, N. C.

Dr. Jerry Coffey, Director (1976)
Smoky Mountain Mental Health Center
Cullowhee, N. C.

Mr. Jim Seymour, Director
Department of Human Services
John C. Calhoun State Community College
Decatur, Alabama

PUBLICATIONS

"Sensorimotor performance as a function of environmental color." Chi Beta Phi Journal, East Carolina University; Greenville, North Carolina: 1966.

Word Gatherers: An Anthology. East Carolina University Press, East Carolina University: Greenville, North Carolina, 1966.

An Economic Base Study of Greene County, North Carolina. Eastern North Carolina Regional Economic Development Institute, East Carolina University, Greenville, North Carolina, 1967.

"Peer group grading and democratic course design." North Carolina Journal of Mental Health. Raleigh, North Carolina, Spring, 1972.

"Behaviorism and/or humanism: Integrating opposites or separating likes?" (In preparation)

Behavioral Therapy for Mental Health Workers: A Training Manual. Wayne Community College: Goldsboro, North Carolina, 1971.

Group Relations Training for Mental Health Workers: A training manual in group processes and dynamics. (In preparation)

"Reactions to Two Position Papers on Group Work." Southern Regional Education Board: Atlanta, Georgia. (In press)

"The FIRO-B: A Validity Study." (In preparation)

"Predictors of Job Success for Human Services Workers." (In preparation)

A Training Program Comes of Age. Wayne Community College: Goldsboro, North Carolina, 1976.

HONORS

PSI CHI Honorary Psychology Fraternity(1966-1967)
Vice President - East Carolina University - Greenville, NC

CHI BETA PHI Honorary Science Fraternity(1966-1967)
East Carolina University - Greenville, NC

OEO Internship in Economic Development(1967)
Southern Regional Education Board - Atlanta, GA
Through East Carolina University for Greene County

Outstanding Senior(1967)
Psychology Department - East Carolina University
Greenville, NC

HUMAN RELATIONS TRAINING

I. National Training Laboratories (NEA)
Washington, D. C.

1. August, 1969 - Basic Human Interaction Lab (2 weeks)
   Henniker, New Hampshire
2. August, 1970 - Advanced Lab in Theory and Practice (2 weeks)
   Bethel, Maine
3. Summer, 1971 - Training Lab for Laboratory Educators (5 weeks)
   Aspen, Colorado

II. North Carolina Group Behavior Society (Member 1972 - present)

1. May, 1973 - Hendersonville, N. C.
2. November, 1973 - Experimental Groups and Alternatives
   Wrightsville Beach, N. C.
3. May, 1974 - Spring Training Conference
   Hendersonville, N. C.
4. November, 1974 - Transactional Analysis and Gestalt Therapy
   Kitty Hawk, N. C.
5. June, 1975 - Gestalt Therapy Workshop - Fagan and Shepherd
   Nags Head, N. C.
6. November, 1975 - Network Intervention Workshop
   Wrightsville Beach, N. C.

III. Transactional Analysis

1. March, 1974 - Transactional Analysis Workshop (weekend)
   Durham, N. C.
2. November, 1974 - Advanced Transactional Analysis (week-end)
   Durham, N. C.
3. February, 1976 - TA 101
   Goldsboro, N. C.

IV. December, 1972 - TORI Lab
Pinehurst, N. C.

V. Human Relations Training Laboratories

1. Fall, 1969 - Southern Pines, N. C. - Cotrainer
2. Fall, 1969 - Linville, N. C. - Dean
3. Winter, 1969 - Hendersonville, N. C. - Trainer
4. Spring, 1970 - Black Mountain, N. C. - Cotrainer
5. Fall, 1970 - Black Mountain, N. C. - Trainer
6. Winter, 1970 - Black Mountain, N. C. - Trainer
7. Spring, 1971 - Black Mountain, N. C. - Cotrainer
8. Fall, 1971 - Black Mountain, N. C. - Dean
9. Fall, 1971 - Southern Pines, N. C. - Cotrainer
10. Spring, 1972 - Cullowhee, N. C. - Dean
11. Summer, 1972 - Goldsboro, N. C. - Dean
12. Spring, 1973 - Southern Pines, N. C. - Dean/Trainer
13. Winter, 1973 - Southern Pines, N. C. - Dean
14. Winter, 1974 - Southern Pines, N. C. - Dean

15. March, 1974 - Basic T-Group Training - Dean
    Human Resources Training Institute, East Carolina University
    Southern Pines, N. C.
16. September, 1974 - Basic T-Group Training Lab - Dean/Trainer
    North Carolina Association of Developmental Disabilities Centers Directors
    Camp Thunderbird, Clover, S. C.

VI. Other Experiential Workshops (Coordinator)

1. Department of Human Services, Wayne Community College
   a. Winter, 1975 - Aggression Lab
      Southern Pines, N. C.
   b. Spring, 1975 - Personal Growth
      Pinehurst, N. C.
   c. Spring, 1976 - Basic Human Interaction
      Arapahoe, N. C.

2. North Carolina Group Behavior Society
   a. March, 1975 - Marriage Counseling Workshop
      Goldsboro, N. C.
   b. September, 1975 - Bioenergetics Workshop
      Arapahoe, N. C.

PROFESSIONAL INVOLVEMENT

1967 - Southern Regional Education Board Workshop
Intern in Economic Development Project
Columbia, South Carolina

1968 - Southeastern Psychological Association
New Orleans, Louisiana

Southern Regional Education Board
Community College Mental Health Workers Project
January, 1970 - Atlanta, Georgia
April, 1970 - Atlanta, Georgia
May, 1970 - Atlanta, Georgia
October, 1970 - Southern Pines, North Carolina
November, 1970 - Greenville, North Carolina
November, 1970 - Morganton, North Carolina
February, 1971 - New Orleans, Louisiana
August, 1971 - Louisville, Kentucky
January, 1972 - Gainesville, Florida
March, 1972 - Savannah, Georgia
August, 1972 - National Conference - Louisville, Kentucky
August, 1973 - National Conference - Atlanta, Georgia
June, 1974 - National Conference - St. Petersburg, Florida
August, 1975 - National Conference - St. Louis, Missouri
October, 1975 - Atlanta, Georgia

State Department of Community Colleges
Advisory Committee for Mental Health Education - 1969-1976

John Umstead Lectures, Raleigh, North Carolina
    February, 1973 - Child Care Services
    February, 1974 - Aging
    February, 1975 - Mental Health Services
    February, 1976 - Corrections

May, 1970 - Manpower Utilization Workshop (Coordinator)
    Morganton, North Carolina
    Sponsored jointly by: Southern Regional Education Board, North Carolina
    Department of Mental Health and Western Piedmont Community College

Winter, 1971 - Virginia Satir Workshop in Conjoint Family Therapy
    Lake Junaluska, North Carolina

March, 1971 - Emotionally Disturbed Children and Minimal Brain Dysfunction (Workshop)
    Institute for the Crippled and Disabled, New York City

Winter, 1972 - Virginia Satir Workshop in Advanced Conjoint Family Therapy
    Atlanta, Georgia

April, 1972 - North Carolina Organization of Human Services
    Charlotte, North Carolina

June, 1973 - Pisgah Conference
    Pisgah View Ranch, Candler, North Carolina

1973-1974 - Member of the Education and Training Committee, Cherry Hospital,
    Goldsboro, North Carolina

March, 1974 - Regional Training Institute - American Society of Allied Health
    Professionals, Lexington, Kentucky

May, 1974 - Mental Health Symposium - Cherry Hospital
    Goldsboro, North Carolina

October, 1974 - Regional/National Training Institute on Aging
    Department of Health, Education and Welfare
    Atlanta, Georgia

April, 1975 - National Convention of Human Services
    Mc Cormick, South Carolina

PROFESSIONAL MEMBERSHIPS

American Psychological Association
National Organization of Human Services
National Organization of Human Services Educators
Southern Organization of Human Services Educators
North Carolina Group Behavior Society
International Transactional Analysis Association
Association for Humanistic Psychology

AWARDS AND SPECIAL RECOGNITION

Southern Organization of Human Services Educators - Vice-President
National Organization of Human Services Educators - Executive Board
Northeast Chapter of the North Carolina Easter Seals Society - Executive Board

PROFESSIONAL INTERESTS

Human Services Delivery Systems (especially community)
Group Relations Training and Group Therapy
Behaviorism and Learning Theory
Education Programs Analysis and Curriculum Development

HOBBIES

Writing, composing, and inventing
Fishing
Camping

SECTION [illegible] PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial) Webb, Benjamin T.	TITLE Instructor	BIRTHDATE (Mo., Day, Yr.) 4-5-45 SEX ☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country) Moorehead City, N.C.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 246681096

RELATIONSHIP TO PROPOSED PROGRAM
Coordinator of NIAAA-funded Alcoholism Technician training program and halftime Instructor in Human Services and Mental Health and halftime Instructor in Alcholism.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
East Carolina University, Greenville, N.C.	AB	1967	Psychology
East CArolina University, Greenville, N.C.	MA	1969	Psychology

HONORS
Who's Who In American Colleges and Universities; Chi Beta Phi; Honor Roll; Dean's List; and, President of the following: Junior Class and Senior Class-ECU, Psi Chi-ECU, Phi Beta Lambda.

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Alcholism and Chemical Dependency; Group Therapy; Group Processes and Dynamics; and, Industrial Psychology.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Instructor, Department of Human Services, Wayne Community College, Goldsboro, N.C., 1973-1976

Drug Counselor/Educator/Advisor, United States Naval Security Group

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank): MH 12827

NAME (Last, first, initial) Poindexter, Charles C.	TITLE Dean of Instruction	BIRTHDATE (Mo. Day. Yr.) 4-26-33 SEX ☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country)	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)	SOC. SEC. NO. 245448417

RELATIONSHIP TO PROPOSED PROGRAM

Writer of NIMH grant that funded the Project and Director of the Mental Health Associate program from its inception in 1968 through January, 1972--while also serving as Dean of Instruction.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Western Carolina University, Cullowhee, N.C.	BS	1956	Education
University of North Carolina, Chapel Hill, N.C.	MEd	1962	Education
University of North Carolina, Chapel Hill, N.C.	PhD	1970	Administration

HONORS

BS with Honors

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Administration

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

President, Mitchell Community College, Statesville, N.C., 1-74 to present.
Dean of Instruction, Wayne Community Collge, Goldsboro, N.C., 7-70 to 12-73
Administrative Assistant to the President, Wayne Community Collge, Goldsboro, N.C., 8-69 to 6-70
Assistant Director of Records adn Registration, University of North Carolina, Chapel Hill, N.C., 6-67 to 8-69
Teacher, Enloe High School, Raleigh, N.C., 9-64 to 5-76
Teacher, Clinton High School, Clinton, N.C., 9-62 to 5-64
Teaching Assistant, Physical Education, University of North Carolina, Chapel Hill, N.C., 9-61 to 7-62

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial) Boyer, Ruth E.	TITLE Instructor	BIRTHDATE (Mo., Day, Yr.) 2-10-31
		SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Goldsboro, N.C.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 239502851

RELATIONSHIP TO PROPOSED PROGRAM

Fulltime Instructor in Humanities and English Department teaching courses to Human Services students: Grammar, Composition, and Technical Writing.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Sweet Briar College, Sweet Briar, Va.			
University of North Carolina, Chapel Hill, N.C.	AB	1951	Education
North Carolina State University, Raleigh, N.C.	MA	1971	English

HONORS

Phi Beta Kappa

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial) Cothren, Camilla R.	**TITLE** Counselor	**BIRTHDATE** (M[illegible]ay, Yr.) 8-2-49
		SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Anderson, S.C.	**PRESENT NATIONALITY** (If non-U.S. citizen, indicate visa symbol) U.S.	**SOC. SEC. NO.** 238860011

RELATIONSHIP TO PROPOSED PROGRAM

Provide counseling services to students enrolled in human services programs, especially vocationally handicapped students.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
East Carolina University, Greenville, N.C.	BS	1971	Home Economics Education
East Carolina University, Greenville, N.C.	MAEd	1972	Counselor Education

HONORS

Phi Upsilon Omicron honorary fraternity

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Counseling Psychology; self-concept formation and change; Group Counseling.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Counselor, Wayne Community College, Goldsboro, N.C., 1972 to present.

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank): MH 12827

NAME (Last, first, initial): Hopkins, Dan A.

TITLE: Instructor

BIRTHDATE (Mo., Day, Yr.): 9-12-46

SEX: ☒ Male ☐ Female

PLACE OF BIRTH (City, State, Country): Gastonia, N.C.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol): U.S.

SOC. SEC. NO.: 243781116

RELATIONSHIP TO PROPOSED PROGRAM

Fulltime Instructor in Department of Social Sciences teaching courses to Mental Health students: Introductory Psychology, Human Growth and Development, and Behavior Disorders.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Appalachian State University, Boone, N.C.	AB	1968	Psychology
Appalachian State University, Boone, N.C.	MA	1969	Psychology

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Community College Education

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Teaching Assistant, Appalachian State University, Boone, N.C.
Parttime Instructor, Social Studies Department, U.S. Army, 1969 - 1971

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)

(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank): MH 12827

NAME (Last, first, initial): Lawrence, Pamela R.

TITLE: Instructor

BIRTHDATE (Mo. Day, Yr.): 3-16-34

SEX: ☐ Male ☒ Female

PLACE OF BIRTH (City, State, Country): Goldsboro, N.C.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol): U.S.

SOC. SEC. NO.: 073322195

RELATIONSHIP TO PROPOSED PROGRAM

Fulltime Instructor in Department of Social Sciences teaching courses to Mental Health students: Introductory Psychology, Human Growth and Development, Behavior Disorders, Exceptionality, and Psychological Testing.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
University of North Carolina, Chapel Hill, N.C.	AB	1956	Psychology
University of North Carolina, Chapel Hill, N.C.	MA	1973	Psychology
University of Paris, Paris, France-Undergraduate Study		54-55	French
East Carolina University, Greenville, N.C.-Graduate Study	-	68-72	Math

HONORS

Phi Beta Kappa

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Development of Self-Concept

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Psychology Instructor, Department of Social Sciences, Wayne Community College, Goldsboro, N.C.

Teaching experience from Jr. High School through Adult Education, including Special Education

Consumer Research

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank) MH 12827

NAME (Last, first, initial) Lynch, Mary V.

TITLE Counselor/Testing Supervisor

BIRTHDATE (Mo., Day, Yr.) 8-6-17

SEX ☐ Male ☒ Female

PLACE OF BIRTH (City, State, Country) Washington, D.C.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.

SOC. SEC. NO. 171244867

RELATIONSHIP TO PROPOSED PROGRAM
Testing applicants to the programs of the Department of Human Services for entrance and placement decisions; testing students for counseling and research purposes.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
George Peabody College for Teachers, Nasheville, Tenn.	BS	1951	Nursing Education
North Carolina State University, Raleigh, N.C.	MA	1968	Guidance and Counseling

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

Lynch, Mary V. Predictive models for success in Occupational Education. Occupation Research, December, 1972, North Carolina State Department of Education.

Lynch, Mary V. and Davis, Lou Cindy. Peer Counselors. Project, June, 1974, North Carolina State Department of Education.

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Counselor/Testor, Wayne Community cCollege, Goldsboro, N.C., 1969 tp present
Chairman of Nursing Department and Assistant Counselor/Testor, Wayne Community Colege, Goldsboro, N.C., 1965 - 1969.
Inservice Training Instructor, Cherry Hospital, Goldsboro, N.C., 1954 - 1965
Nurse, U.S. Navy, 1942-1945
Nursing Instructor, Practical Nurse Program, State Board of Education, Goldsboro, N.C., 1951 - 1954
Public Health Nurse, State of Tennessee, 1941 - 1942 and 1948 - 1949
Public Health and Mental Health Nurse, Washington, D.C., 1946 - 1948

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (last, first, initial)
Powell, Nina C.

TITLE
Instructor

BIRTHDATE (Mo., Day, Yr.)
12-20-20

SEX
☐ Male ☒ Female

PLACE OF BIRTH (City, State, Country)

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)

SOC. SEC. NO.
410222477

RELATIONSHIP TO PROPOSED PROGRAM
Fulltime Instructor in the Department of Social Sciences teaching courses to Mental Health students: Introductory Sociology, Marriage and the Family, and Social Issues.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
California State, Long Beach, California	AB	1966	Home Economics
University of North Carolina, Chapel Hill, N.C.	MSW	1969	Social Work

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Community College Education

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)
Caseworker, Children's Home Society, Greensboro, N.C., 7-69 to 3-70
Public Health Investigator, Social Studies Department, 10-60 to 9-67

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)

(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (last, first, initial) Smith, Almstead N.	TITLE Counselor/Instructor	BIRTHDATE (Mo., Day, Yr.) 9-23-30
		SEX ☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country) Louisville, Kentucky	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 405263728

RELATIONSHIP TO PROPOSED PROGRAM

Halftime Instructor in the Department of Social Sciences teaching courses to Mental Health students: Introductory Sociology, Marriage and the Family, and Social Issues.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
University of Omaha, Omaha, Nebraska	BGE	1966	Psychology
North Carolina State University,Raleigh, N.C.	MEd	1969	Adult Education
North Carolina State University, Raleigh, N.C.	EdD	1975	Community College Administration

HONORS

Awarded a North Carolina Community College Internship for doctoral study in 1971.

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Community College Administration

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

NIH 2003 2 (Formerly PHS 2439 2)
Rev. 3-73

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial)	TITLE	BIRTHDATE (Mo., Day, Yr.)
Wessell, Miriam S.	Instructor	3-8-44
		SEX ☐ Male ☒ Female

PLACE OF BIRTH (City, State, Country)	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)	SOC. SEC. NO.
Columbia, S.C.	U.S.	241708654

RELATIONSHIP TO PROPOSED PROGRAM

Instructor of remedial reading for those mental health students who need additional review in reading skills.

EDUCATION (Begin with baccalaureate training and include postdoctoral)

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Appalachian State University, BOone, N.C.			
Lenoir Rhyne College, Hickory, N.C.	BA	1969	Education
East Carolina University, Greenville, N.C.	MA	1975	Reading

HONORS

Mary Morrow Scholarship

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Remedial Reading

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

1971-1975: Remedial Reading Instructor, Wayne Community College, Goldsboro, N.C.
1970-1971: Remedial Reading Teacher, Lucille Hunter School, Raleigh, N.C.
1969-1970: Second Grade Teacher, Lucille Hunter School, Raleigh, N.C.

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave blank)
MH 12827

NAME (last, first, initial)
Barfield, David

TITLE
Adjunct Faculty

BIRTHDATE *(Mo., Day, Yr.)*
12-18-40

SEX
☑ Male ☐ Female

PLACE OF BIRTH (City, State, Country)
Pikeville, N.C.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)
U.S.

SOC. SEC. NO.
238605858

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Faculty in Department of Human Services for coordinating and instructing field placement students in activity therapies at Cherry Hospital.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Atlantic Christian College, Wilson, N.C.	BS	1964	Physical Education
East Carolina University, Greenville, N.C.-13 graduate hrs.			Rehabilitation Administration

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Rehabilitation Therapy Director, Mental Health Services, Cherry Hospital, Goldsboro, N.C., 1969 to present.

Recreation Supervisor, North Carolina Department of Corrections, Raleigh, N.C., 1964 to 1969.

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank): MH 12827

NAME (Last, first, initial): Butler, Kenneth G.

TITLE: Parttime Instructor

BIRTHDATE (M Day, Yr.: 3-18-42

SEX: ☒ Male ☐ Female

PLACE OF BIRTH (City, State, Country): Burlington, N.C.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol): U.S.

SOC. SEC. NO.: 238644013

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Seervices teaching Crisis Intervention

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Coordinator, Hotline Crisis Intervention Center, Wayne County Mental Health Center, Goldsboro, N.C.

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)

(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)	MH 12827
NAME (Last, first, initial)	Edwards, Liston G.
TITLE	Parttime Instructor
BIRTHDATE (Mo., Day, Yr.)	5-19-45
SEX	☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country)	Goldsboro, N.C.
PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)	U.S.
SOC. SEC. NO.	237709673

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching Psychological Testing and Supervising students placed at Wayne County Mental Health Center.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
East Carolina University, Greenville, N.C.	BA	1967	Psychology
North Texas State University, Denton, Texas	MS	1968	Clinical Psychology
University of North Carolina, Chapel Hill, N.C.	MPH	1975	Health Administration

HONORS

Psi Chi

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH *(Give the following information for EACH key staff member, beginning with the Program Director.)* (For continuation applications, see instructions)	APPLICATION NUMBER (Leave Blank) MH 12827

NAME (Last, first, initial) Ford, Jimmie E..	TITLE Parttime Instructor	BIRTHDATE (M[illegible]y. Yr.) 6-7-43 SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Goldsboro, N.C.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 238628080

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching courses related to Group Pœocesses and Group Dynamics, Human Relations Training, and Motivation.

EDUCATION (Begin with baccalaureate training and include postdoctoral)

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Wayne Community College, Goldsboro, N.C.	AAS	1973	Mental Health
Shaw University, Raleigh, N.C.	BA	1975	Behavioral Science

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (last, first, initial)
Grimes, U. Faber

TITLE
Parttime Instructor

BIRTHDATE *(Mo., Day, Yr.)*

SEX
☒ Male ☐ Female

PLACE OF BIRTH (City, State, Country)
Goldsboro, N.C.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)
U.S.

SOC. SEC. NO.
411727899

RELATIONSHIP TO PROPOSED PROGRAM
Paretime Instructor in Department of Human Servioces Teaching Interviewing courses.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
East Tennessee State University, Johnson City, Tenn.	BS	1967	Social Work
North Carolina State University, Raleigh, N.C.	MA	1973	Sociology

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Training of Mental Health Professionals; Rural Social Psychology; Group Therapy.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank): MH 12827

NAME (last, first, initial) Hooper, Mary Louise	TITLE Paettime Instructor	BIRTHDATE (ay, Yr.) 7-19-40
		SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) New York City, N.Y.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 150301352

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching Family Therpay and Group Processes and Group Dynamics.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Newark State College, Union, N.J.	BAEd	1962	Elementary Education
Our Lady of the Lake College, San Antonio, Texas-13 hrs.		1971	Communication Disorders
Northern Michigan University, Marquette, Michigan	MAEd	1973	Guidance and Counseling

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Education and Counseling

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Instructor, Fairleigh Dickinson University, Rutherford and Teaneck campus, N.J., 1975

SECTION II: PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial)
Jones, Henry M.

TITLE
Half-time Instructor

BIRTHDATE *(Mo., Day, Yr.)*
6-19-39

SEX
☒ Male ☐ Female

PLACE OF BIRTH (City, State, Country)

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)
U.S.

SOC. SEC. NO.
043306435

RELATIONSHIP TO PROPOSED PROGRAM

Coordinator of activities between Cherry Hospital and the MHA program at WCC; Advisor and Counselor for Cherry Hospital employees enrolled in the program; Coordinator of MHA Internships at Cherry; Instructor of courses in mental health and psychology.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Emory University, Atlanta, Ga.	BA	1962	Psychology
L.S.U., Baton Rouge, La.	MA	1965	Psychology
University of Arkansas, Fayetteville, Arkansas		66 - 67	Psychology
North Carolina State University, Raleigh, N.C.		1971- present	Psychology

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

In-service Training; Human Resource Development.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Psychologist II, Cherry Hospital, Goldsboro, N.C., 7-1-71 to present
Consultant, Harnett County Mental Health Center, Buies Creek, N.C., 9-67 to 6-70
Graduate Teaching Assistant, North Carolina State University, Raleigh, N.C., 9-68 to 9-69
Clinical Psychology Intern, South Eastern Louisianna State Hospital, Manderville, La., 9-64 to 9-66
Assistant Professor, Campbell College, Buies Creek, N.C., 9-67 to 9-68

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial) Kornegay, Lillian B.	TITLE Parttime Instructor	BIRTHDATE (Mo. Yr.) 10-16-15
		SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Newton Grove, N.C.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 240601808

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services in courses in Activity Therpay at Cherry Hospital and courses in Basic Hdalth Care.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Wayne Community College, Goldsboro, N.C.	AAS	1975	Mental Health

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank): MH 12827

NAME (last, first, initial): Rietdorf

TITLE: Parttime Instructor

BIRTHDATE (Mo., Day, Yr.): 5-31-46

SEX: ☐ Male ☒ Female

PLACE OF BIRTH (City, State, Country): New Orleans, La.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol): U.S.

SOC. SEC. NO.: 246765392

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching Family Therapy and related mental health courses.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
East Carolina University, Greenville, N.C.	BA	1970	Psychology
East CArolina University, Greenville, N.C.	MA	1972	Psychology

HONORS

Psi Chi

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Psychologist and Coordinator of Adult Services, Wayne County Mental Health Center, Goldsboro, N.C., 1972 - present
Teaching Fellow, East Carolina University, Greenville, N.C., 1971 - 1972
Internship, Wayne County Mental Health Center, Goldsboro, N.C., 6 months

SECTION II PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank) [illegible] 12827

NAME (last, first, initial) Shepherd, Isaac C.

TITLE Parttime Instructor

BIRTHDATE (Mo., D[illegible]r.) 7-31-34

SEX ☒ Male ☐ Female

PLACE OF BIRTH (City, State, Country)

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)

SOC. SEC. NO. 243502805

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services teaching Activity Therpay and Basic Health Care Technology; supervising field placement students at Cherry Hospital.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH *(Give the following information for EACH key staff member, beginning with the Program Director.)* (For continuation applications, see instructions)	APPLICATION NUMBER (Leave blank) MH 12827

NAME (last, first, initial) Spain, Katherine L.	TITLE Parttime Instructor	BIRTHDATE *(Mo., Day, Yr.)* 9-8-40 SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Johnston County, N.C.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO.

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching courses in Mental Health.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Park View Hospital School of Nursing	Diploma	1961	Nursing

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Nurse Instructor, Staff Development, Cherry Hospital, Goldsboro, N.C., 1968-present.

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial) Bauer, Keryl Lee	TITLE Parttime Instructor	BIRTHDATE (Mo., Da 5-25-47
		SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Burlington, Iowa	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 482542503

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching Human Relations Training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Jewish Hospital School of Nursing, St. Louis, Mo.	RN	1968	Nursing
Southside Virginia Community College, Alberta, Va.	ASS	1974	Science

HONORS

Graduated with Highest Honors-1974; Who's Who in American Junior Colleges-1975.

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Clinical Psychology

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

2-1-75 to present: Mental Health Head Nurse and Satellite Clinic Director, Greensville-Emporia Mental Health Clinic, Roanoke Rapids, N.C.
7-19-71 to 1-31-75: Mental HEalth Nurse, Halifax County Mental Health Center, Roanoke Rapids, N.C.
11-1-70 to 7-21-71: Mental Health NUrse, St. Mary's Hospital, Richmond, Va.
9-1-69 to 6-30-70: Mental Health Nurse, St. Louis State Hospital Youth Center, St. Louis, Mo.
9-8-68 to 8-25-69: Mental Health Nurse, Lutheran General Hospital, Park Ridge, Illinois

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH *(Give the following information for EACH key staff member, beginning with the Program Director.)* (For continuation applications, see instructions)	APPLICATION NUMBER (Leave Blank) MH 12827

NAME (last, first, initial) Beddard, Linda G.	TITLE Parttime Instructor	BIRTHDATE *(Mo., Day, Yr.)* 10-20-51
		SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Greene County, N.C.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 240799494

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching human relations training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Pitt Technical Institute, Greeneville, N.C.	AAS	1974	Mental Health

HONORS

Who's Who in American Junior Colleges

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Counseling with the visually handicapped.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Extensive ongoing training with NTL labs and labs by NTL trained staff.

NIH 2003-2 (Formerly PHS 2499 2)
Rev. 3-73

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank): MH 12827

NAME (last, first, initial) Berry, Jean F.	TITLE Parttime Instructor	BIRTHDATE (Mo. Yr.) 5-11-30
		SEX ☐ Male ☒ Female
PLACE OF BIRTH (City, State, Country) Detroit, Michigan	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U,S.	SOC. SEC. NO. 263425014

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services teaching Human Relations Training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Florida State University, Tallahassee, Florida	BS	1952	Physical Education

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Group Training; Sensory Awareness; Creative Movement; Physical Education.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (last, first, initial) Coffey, Jerry A.	TITLE Parttime Instructor	BIRTHDATE (Mo., Day, Yr.) 6-4-44
		SEX ☑ Male ☐ Female
PLACE OF BIRTH (City, State, Country) Indianapolis, Indiana	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 306463333

RELATIONSHIP TO PROPOSED PROGRAM

Parttime Instructor in Department of Human Services in teaching courses in Human Relations Training.

EDUCATION (Begin with baccalaureate training and include postdoctoral)

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Hanover College	BA	1966	Psychology
Indiana Sate University	MS	1968	Psychology
Indiana State University	PhD	1970	Clinical Psychology
Post Doctoral Workshops in Family Therpay, Psychodrama, Rational Behavior Therpay, Advanced Behavior Modification, etc.		ongoing	

HONORS

Herman Becker Award for Outstanding Scholarship, Indiana State University, 1968; NDEA Fellowship, Indiana State University, 1969-1970.

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)

Child Clinical Psychology

LIST RECENT RELEVANT PUBLICATIONS

Book Reviwer, Choice, 1972 to present.

Coffey, Jerry A., Curiosity and Academic Achievement. Docotoral Dissertation, Indiana State University, 1970.

Coffey, Jerry A., "Delivery of Mental Health Services to Rural Children", presented at Southeatern Regional Meeting of the American Association of Psychiatric Services for Children, May, 1975.

Coffey, Jerry A., "Common Problems and Uniques Solutions in Delivering Services in a Rural Area", presented at Southeastern Psychological Association, March, 1975.

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Assistant Area Director, Smoky Mountain Mental Health Center, Cullowhee, N.C., 1975 to present.

Center Director, Smoky Mountain Mental Health Cneter, Cullowhee, N.C., 1973-1975.

Assistant Professor of Psychology, Western Carolina University, Cullowhee, N.C., 1970 to 1973.

Parttime Instructor, Indiana State University, Terre Haute, Indiana, 1969-1970.

Graduate Research Assistant, Indiana State University, Terre Haute, Indiana, 1967-1968.

Inner City Group Worker, Indiana State University, Terre Haute, Indiana, 1967-1968.

Sheletered Workshop Supervisor, Noble School for the Retarded, Indianapolis, Indiana, 1966-1967.

Residedent Director, Englishton Park Summer Program(for emotionally disturbed children), Lexington, Indianna.

Associated with Marion County Child Guidance Clinic: Counselor, 1963; Assistant Director, 1964; Resident Director, 1965-1967.

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (last, first, initial)
Culbreth, David A.

TITLE
Parttime Instructor

BIRTHDATE (Mo., Day, Yr.)
12-16-39

SEX
☒ Male ☐ Female

PLACE OF BIRTH (City, State, Country)
Greenville, N.C.

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)
U.S.

SOC. SEC. NO.
237623762

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services teaching Human Relations Training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Atlantic Christian College, Wilson, N.C.	BS	1966	Business Administration

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Health Administration; Treatment of Schizophrenia; Group Behavior; Applied Behavioral Science.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Clinic and Area Director, Sandhills Mental Health Center, Pinehurst, N.C.
Affiliate, National Training Laboratories, Personal Growth Workshops, 1970 to present.

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (Last, first, initial) Obert, Steven L.	TITLE Parttime Instructor	BIRTHDATE (Mo., Day, Yr.) 4-25-49
		SEX ☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country) Tracy, California	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 555788324

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services teaching Human Relations Training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Kresge College at the University of California, Santa Cruz, California	BA	1973	Social Sciences
Case Western Reserve University, Cleveland, Ohior	PhD	in progress	Organization Behavior

HONORS
College Honors-Kresge College; Academic Honors-University of California

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Small Group Behavior

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Graduate Assistantship, Case Western Reserve University, Cleveland, Ohio, 1973 to present.
Laboratory Trainer, Basic Human Interaction Labs-ongoing
Teaching inter- and intra-personal behavior-ongoing

311

NIH 2003-2 (Formerly PHS 2490-2)
Rev. 3-73

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave blank)
MH 12827

NAME (Last, first, initial) Shows, W. Derek	TITLE Parttime Instructor	BIRTHDATE (Mo., Day, Yr.) 7-3-36
		SEX ☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country) Soso, Mississippi	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 425664521

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services teaching Human Relations Training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
University of Illinois, Champaign, Illinois	AB	1957	Greek
University of Illinois, Champaign, Illinois	MA	1958	Classical Philology
Duke University, Durham, N.C.	PhD	1967	Clinical Psychology
National Training Laboratories, Bethel Maine, Applied Behavioral Science Internship		1970	

HONORS
Phi Kappa Phi; Phi Beta Kappa; Fulbright Fellowship; Sigma Xi; USPHS Pre-Doctoral Research Fellow; NIMH Post-Doctoral Research Training Fellow.

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Group Dynamics; Psychotherapy.

LIST RECENT RELEVANT PUBLICATIONS
Shows, W.D. Psychological differentiation and the A-B dimension: A dyadic interaction hypothesis. Genetic Psychology Monographs, 1975, 92, 79-113.

Shows, W.D. Who is acting out: patients or therapists? (A review of The Neurosis of Our Time: Acting Out by Donald Milman and George D. Goldman). Contemporary Psychology, 1975, XX(2), 137-138.

Gentry, W.D., Shows, W.D., and Thomas, M. Chronic back pain: A psychological profile. Psychosomatics, 1974, 15, 174-177.

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)
1968 to present: Assistant Professor of Medical Psychology, Psychiatry Department, Duke University, Durham, N.C.
1972: Accredited Laboratory Educator, International Association of Applied Social Scientists.
1970-74: Director of Training, Division of Medical Psychology, Department of Psychiatry, Duke University Medical Center, Durham, N.C.
1968 to present: Lecturer, Department of Psychology, Duke University, Durham, N.C.
1973-1974: Consultant; Halifax County Mental Health Center, Roanoke Rapids, N.C.
1967 to present: Consultant, VA Hopsital, Durham, N.C.
1967-70: Consutlant, Sandhills Mental Health Center, Southern Pines, N.C.

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)

(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (last, first, initial) Torre, Gray W.	TITLE Parttime Instructor	BIRTHDATE (Mo., Day, Yr.) 9-13-48
		SEX ☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country) Tampa, Florida	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 261024081

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services teaching Human Relations Training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
University of West Florida, Pensacola, Florida	BA	1970	Psychology
North Carolina State University, Raleigh, N.C.-45 sem.hrs.			Clinical Community Psychology

HONORS
Psi Chi

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Group Dynamics; Therapy; Counseling.

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)
Therapist/Counselor, Alexandria Methadone Program, Alexandria, Va.
Psychologist, O'Berry Center, Goldsboro, N.C.

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)

(For continuation applications, see instructions)

APPLICATION NUMBER (Leave blank)
MH 12827

NAME (last, first, initial)
Toy, Thomas B.

TITLE
Parttime Instructor

BIRTHDATE (Mo., Yr.)
8-13-33

SEX
☒ Male ☐ Female

PLACE OF BIRTH (City, State, Country)
Oil City, Pennsylvania

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)
U.S.

SOC. SEC. NO.
170249248

RELATIONSHIP TO PROPOSED PROGRAM

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
State University of New York at Buffalo(SUNYAB), Buffalo, New York	BA	1966	Psychology
St. Bonaventure University, St. Bonaventure, New York	MA	1969	School Psychology
North Carolina State University, Raleigh, N.C.	PhD	1973	Clinical Community Psychology

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Clinical

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)

Unit Director, Sandhills Mental Health Center, Pinehurst, N.C.
Adult Services Coordinator, Sandhills Mental Health Center, Pinehurst, N.C.
Psychotherpaist, Instructor, Staff Psychologist

SECTION II-PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave Blank)
MH 12827

NAME (last, first, initial)
Williams, Sarah

TITLE
Parttime Instructor

BIRTHDATE (Mo., Day, Yr.)
10-42-50

SEX
☐ Male ☒ Female

PLACE OF BIRTH (City, State, Country)
Long Island, New York

PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol)
U.S.

SOC. SEC. NO.
244866531

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services teaching Human Relations Training.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
Sandhills Community College, Pinehurst, N.C.	AAS		Mental Health
North Carolina State University, Raleigh, N.C.	BA	1974	Psychology

HONORS

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Laboratory Education in the area of Human Resource Development

LIST RECENT RELEVANT PUBLICATIONS

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)
Extensive ongoing training in huamn relations etc. with NTL etc.

SECTION II - PRIVILEGED COMMUNICATION

BIOGRAPHICAL SKETCH

(Give the following information for EACH key staff member, beginning with the Program Director.)
(For continuation applications, see instructions)

APPLICATION NUMBER (Leave blank)
MH 12827

NAME (Last, first, initial) Zacharias, Kenneth D.	TITLE Parttime Instructor	BIRTHDATE (Mo. [illegible] Yr.) 8-28-47
		SEX ☒ Male ☐ Female
PLACE OF BIRTH (City, State, Country) Modesto, Ca.	PRESENT NATIONALITY (If non-U.S. citizen, indicate visa symbol) U.S.	SOC. SEC. NO. 550621495

RELATIONSHIP TO PROPOSED PROGRAM
Parttime Instructor in Department of Human Services in Human Relations Training courses.

EDUCATION *(Begin with baccalaureate training and include postdoctoral)*

ORGANIZATION AND LOCATION	DEGREE	YEAR CONFERRED	DISCIPLINE
University of Santa Clara, Santa Clara, Ca.	BA	1969	Economics
UCLA, Los Angeles, Ca.	MS	1970	Industrial Relations/ Behavioral Science
UCLA, Los Angeles, Ca.		1971	Behav. Sci.
USAF, Goldsboro, N.C.		1972	Manpower
USAF, Goldsboro, N.C.		1973	Drug/Alcohol Educ.&Counsel.

HONORS
Graduate Scholarship; Beta Gamma Sigma honorary fraternity; Masters Degree-graduation in top 5% of class.

MAJOR RESEARCH OR PROFESSIONAL INTEREST (If applicable)
Communication and Leadership; Management Development; Organizational Development.

LIST RECENT RELEVANT PUBLICATIONS
Zacharias, Kenneth D. (provided background material for "Conflict and Conflict Management" by Kenneth Thomas--published in Marvin Dunnette's Handbook of Industrial and Organizational Psychology, 1974; and for Contemporary Issues in Labor Relations by Archie Kleingartner and Walter Fogel.)

PROFESSIONAL AND/OR RESEARCH EXPERIENCE (Start with present position and list recent significant experience relevant to program)
Merced College, Instructor in Management/Behavioral Science(parttime), 1974 to present.
SUNY, Plattsburgh, Instructor in Leadership and Communication(parttime), 1974.
USAF, directed counseling/rehabilitation/education program, Drug/Alcohol Abuse.
Golden Gate University, Lecturer in Business and Psychology/Group Dynamics, 1972-1974.
Research Assistant, UCLA, in areas of Behavioral Science, personnel, Manpower, and Industrial Relations, 1970-1971.

CHAPTER 10

TRAINEES

Trainee Recruitment and Selection

During the period from September 1969 to September 1971, before the Wayne Community College Mental Health Associate program was funded for full-time operation, students were recruited from employees of three large residential facilities: (1) Cherry Hospital, (2) O'Berry Center, and (3) the Vocational Rehabilitation Evaluation and Training Center. Through inter-office memos and bulletin board displays, as well as by word-of-mouth, psychiatric aides and cottage parents were encouraged to enroll in mental health classes. Officials of the State Department of Mental Health gave talks to these employees and promised a future with raises, promotions, and increased job responsibilities. Approximately 300 individuals were involved in these early classes in one way or another -- with only about 10 percent ever completing the two-year program. The only entrance requirements were a high school or equivalency diploma and nominal scores on the Math (10) and Verbal (20) sections of the SCAT. Applicants scoring below these limits were encouraged to take remedial courses in the Learning Resource Center of the college.

After receiving an N.I.M.H. grant to fund a full-time program, various recruitment and selection efforts were experimented with. The first group of students (1971) were not actively recruited in any apparent way. The program was not listed in the college catalog and no brochures were available. It is assumed that students learned of the program by word-of-mouth, perhaps from previous students, college counselors, or newspaper articles. New SCAT scores were set (Math = 15 and Verbal = 30) and three additional entrance tests were administered -- the Thurstone, the Edwards, and the Otis. Auspiciously, these latter tests were for "counseling" purposes, rather than for "screening" purposes. Each prospective student was required to have an "interpretive" session with a counselor from the Student Personnel Services Division of the College.

In September, 1972, this same battery of tests was used, but the Thurstone, Edwards, and Otis scores were not used for "interpretive" sessions until students had been accepted and were taking courses. As in 1971, the SCAT scores were used for purposes of admitting or rejecting applicants to the Mental Health program. Applicants scoring below these limits were advised to enroll in remedial math and English courses and to reapply to the program after retesting and improving their scores. Again, because of state laws and policy, all students had to have a high school or equivalency diploma before applying. This is the only year that the program actively recruited students into the program. The program had stabilized and the faculty decided that it could offer courses to a larger number of students. Program brochures and various pamphlets concerning Mental Health were mailed to approximately three hundred professional and business persons in the community.

Cover letters requested that brochures be displayed in prominent locations, such as on cash registers in pharmacies, bulletin boards in high schools, or magazine tables in barber shops and beauty salons, etc. News releases were supplied to local radio stations and the local newspaper and the program staff gave speeches at various public functions. This recruitment was accomplished in stages over a period of six months, and the results of the campaign are reflected in student enrollments.

In September, 1973, for the first time since courses were begun in 1969, the Mental Health program subscribed to an "open door" policy of admission. Students were not rejected due to low entrance exam scores, but were encouraged to take light loads while doing remedial work in English. The college had determined the total number of new students who could be accepted and, from there, operated on a "first come, first served" basis. The instructors, advisors, and counselors worked closely with the new students during their first few quarters to ensure a maximum level of success for each student. No student was "forced out" of the program, even though some were strongly encouraged to consider other career options.

As a result of a number of variables operating during the 1973-1974 school year, students applying for the September, 1974 quarter underwent the most rigorous screening the program has seen to date. English, Psychology, and Sociology instructors had complained frequently that "mental health students can't do the work!" Counselors complained that "mental health students are too crazy to ever be able to help anyone else!" And the field placement supervisors were complaining that "mental health interns act like they know it all!" When all the demographic variables are stacked up, these complaints are not unlike those which have been used by the educational system for decades to discriminate against certain "types" of students. The entrance requirements, as approved by the college for September, 1974, are taken from the actual policy statement as follows:

> "The following standards will be effective immediately for entrance into the Mental Health Associate program:
>
> 1. Students scoring below the 15th percentile on the Verbal section of the SCAT will have to take PSY-90, RDG-91, and ENG-91.
>
> 2. Students scoring between the 15th and 30th percentile on the Verbal section of the SCAT will have to take ENG-92, RDG-92.
>
> 3. Students scoring below the 20th percentile on the Quantitative section of the SCAT will have to take MAT-91.
>
> 4. All students needing to take ENG-91 and RDG-91 will have to progress successfully through the two courses in those areas before being accepted into regular curriculum courses in English.

5. Students taking four preparatory courses can take MHA-100 Fall or Summer Quarters.

6. Students taking three preparatory courses can take MHA-100 and MHA-112 Fall or Summer Quarters.

7. These standards are retroactive for students who enrolled in the Mental Health Program during Summer or Fall Quarters 1972 with this exception: Students already enrolled in MHA-100 and/or MHA-112, even though they might need to take three or four preparatory courses, can continue in MHA-111 and/or MHA-113 Winter Quarter 1972-73.

8. Students required to take preparatory courses must complete the normal sequence of courses in ENG and RDG 91 and 92 before being admitted to full status into the Mental Health Associate program.

Counselors should inform students required to take preparatory courses that length of time for a degree in Mental Health will be three years rather than the customary two years. In some cases this may take even longer, depending upon how rapidly the students can complete the preparatory work."

These rigid entrance requirements worked so well that only 36 students were admitted and only 14 remain active in the program after four quarters. The actuarial result of this screening system was that the program director and the only full-time instructor in the program threatened to resign if the screening system wasn't changed!

No active recruiting of prospective mental health students was undertaken for either September 1973, September 1974 or September 1975. Information about the program was available from a number of sources during this three year period: (1) the college catalog, (2) brochures on display in the college lobby, (3) from brochure and catalog displays presented to area high schools by the College Recruiting Officer, (4) newspaper articles pertaining to the program, and (5) interpersonal communications of graduates and active students.

A compromise screening program was begun in September, 1975 and is currently being tested. Since it is based upon seven years of experience and represents the culmination of a great deal of effort on the parts of a number of persons, it will be described in detail at this point. It should be noted that no active recruiting was carried on for September, 1975, even though 60 new students were admitted and approximately 100 were turned away. Screening is tied closely with the "core curriculum" and "tracking specialties" concept which is covered in detail in the curriculum section of this report.

The first year of the Human Services Worker Certificate program functions as the point of entry into four second year programs in Mental Health, Geriatrics, Alcoholism, and Human Services. There is NO entrance requirement except to have either a high school or equivalency diploma, i.e., "G.E.D.". No entrance exams are administered and no student is rejected except on the basis of first-come, first-served. No student is assigned to a non-credit remedial course. In essence, the Mental Health program (first year Human Services) at Wayne Community College is truly "open-door". Various tests are administered during the first few days of classes, but only for purposes of research and counseling. It is the second year specialties which afford the compromise for some screening.

During the first ten days of a student's third quarter in the program, he or she applies to the college admissions committee for acceptance into one of the second year programs. At this point a number of entrance criteria are applied, the most crucial one being the student's performance during the first two quarters. The actual policy statement is as follows:

> "The Human Services Program is a core of a one-year common curriculum with an optional second year of concentration in Geriatrics technology, Alcoholism technology, Mental Health technology, or Human Services technology. Students who successfully *complete the first year core will receive a Human Services Worker certificate.
>
> Admission to the Human Services core curriculum is not restricted. Normal application procedures are all that is required. Admission to a second year option will be restricted and candidates must be submitted to the admissions committee. Candidates must submit an application to the Registrar after the completion of the Winter Quarter and/or before the tenth day of the Spring Quarter to be considered for the second year option. Two interviews are required - one with a counselor and one with a Department Chairperson and if desired the instructor responsible for the second year option. The recommendation regarding admission for these persons will be based on the interview results, and the results of course work completed within and outside of the Human Services curriculum. To be eligible for the second year option, a student must have medical forms completed by a physician and have successfully completed the course work required in the core curriculum and specifically have completed ORI-100 and RDG-150. The recommendations and course work for each candidate will be evaluated by the admissions committee to assist in making the admission decision.

---

*"C" Average in major and overall.

> Admission to the first year core curriculum will be limited to the first 90 students who complete application procedures. The second year option will be limited to 15 students in each concentration.
>
> Students who have already graduated from the Mental Health Technician program will be eligible to apply for the second year option without the requirements for completion of RDG-150 and ORI-100.
>
> Students who have been accepted into any of the programs prior to these changes in admissions criteria will not be affected by these changes.
>
> Admissions to the Human Services core curriculum is limited to the Fall Quarter. Admissions to the second year option will generally be limited to the Summer Quarter."

There has been an implicit screening device operating throughout the four years of the project. This policy concerns students who are judged by the program staff to be behaving consistently in socially unacceptable ways. Such cases have been rare, but frequent enough to dictate at least an informally agreed upon policy. Written policy governing these areas has been impractical in light of Supreme Court decisions concerning student rights and policies of the U. S. Labor Department and the Department of Health, Education, and Welfare. Summarily, such students are advised to seek counseling from Student Personnel Services. The student's problem is presented to him in terms of observable behavior, such as wandering around campus talking to himself. If college counseling does not work, then the student is given an option of going to the local Mental Health Center or being suspended from the program. The final step is a written behavioral contract signed by the student, the program director, the Dean of Students, and the President. The contract states the behavior(s) that must be changed, the length of time available in which behavior must change, and the consequences (suspension for one year) if the behavior is not changed. This procedure has yielded about a 50 percent success rate.

(Lest a reader misinterpret this last paragraph, an explanation is in order, perhaps. A poor example is offered because describing any of the "real" cases might endanger the anonymity of a given student. What is being talked about here are gross and apparent behavioral disorders which serve to distract fellow students from the primary process of learning and jeopardize the public image of the program. The behaviors would most likely lead the average professional to label the person psychotic, emotionally disturbed, grossly character disordered, etc. In short, it was decided that a Mental Health Worker training program in a community college should not attempt to compete with the service functions of the local Mental Health Center and regional mental hospital.)

PREDICTORS OF JOB SUCCESS FOR MENTAL HEALTH ASSOCIATES: A VALIDITY STUDY

Robert D. Cowley

Wayne Community College

Abstract

Mental Health Associate (MHA) training programs in community colleges began a decade ago and have grown to about 200 separate programs which have graduated over 11,000 MHA's. Most programs use a different approach to screening and selecting students; few of these approaches have been put to empirical test. The current study attempts to validate the use of SCAT scores and Otis-Lennon I.Q. scores for admitting students into an MHA program. Sixty-five (65) graduates of the program were surveyed. Supervisor's ratings of job performance (88 items on a five-point scale) served as the criterion measure. None of the predictor scores showed consistent significant correlation with the criterion measure. The results indicate the need for more valid criteria for admissions to MHA programs, and the need for further research sampling a larger portion of the population.

PREDICTORS OF JOB SUCCESS FOR MENTAL HEALTH ASSOCIATES: A VALIDITY STUDY

Robert D. Cowley

Wayne Community College

Introduction

Since the funding of the first associate degree program for mental health workers in the mid-1960's (True, 1974), there has been a rapid increase in interest in middle-level mental health workers (Dugger, 1975). It is estimated that there are now about 200 such community college training programs (McPheeters, 1973a) which have graduated over 11,000 paraprofessional workers (McPheeters, 1973b). Even though concern has been expressed over entrance requirements for these two-year programs, little empirical investigation has been done in this area (Baker and McPheeters, 1975). For each training program there appears to be a unique approach to admissions standards and entrance requirements (McPheeters and King, 1971). The present study undertook to examine one of these many approaches to determine the legitimacy of employing SCAT and Otis-Lennon scores as entrance criteria. The criterion measure was an 88 item survey (see Appendix A) completed on graduates by their immediate supervisors. Each item was rated on a five-point scale equivalent to the grading system used in the training program.

There was a further attempt to establish the relationship between quality point average earned for graduation and the criterion measure. It was assumed that there would be no significant correlations between the predictor scores (i.e., six scores from the SCAT, Otis-Lennon Mental Ability Test scores, and quality point average earned for graduation) and the criterion measure of job success as determined by a supervisor's rating of job performance. This assumption is based on the fact that a new type of mental health professional is a new type of statistical animal, such that established forms of evaluation are not appropriate to such a new entity. An additional assumption follows that new methods of assessment will have to be developed before any valid and reliable prediction of future job success can be made.

Method

Subjects: Sixty-five graduates of the Mental Health Associate (MHA) program at Wayne Community College in Goldsboro, North Carolina were surveyed. Quality point averages earned for graduation were available for all 65 Ss but SCAT scores and Otis-Lennon scores were available for only 56 of these and supervisors' ratings were available for only 38 Ss. Eight of the Ss graduated from the MHA program in 1973, thirty-seven graduated in 1974, and the remaining 20 graduated in 1975. The Ss consisted of approximately 60% female, 60% black, 60% married, 30% with military experience, and had an average age of about 30.

Measures: The measures included six scores from the School and College Abilities Test (SCAT), the Otis-Lennon Mental Ability Test (I.Q.), quality point average earned for graduation (QPA) (determined from official transcript), and an 88-item survey form for supervisors' evaluation of job performance (SE) (adapted from a document of unknown origin). The six SCAT scores included both raw scores and percentile scores for the Quantitative section, the Verbal section, and the Total score. The Otis-Lennon score was represented as a deviation I.Q. and both the QPA and SE scores were based on a five-point scale ranging from "0" (for a letter grade of "F") to "4" (for a letter grade of "A").

Procedure: As part of a larger experimental design used in preparing a Final Project Report*, a questionnaire was sent to each graduate with a stamped, self-addressed envelope and a set of instructions. Ss were requested to have their immediate, direct-line supervisors complete the evaluation form and return it to the Experimenter. All other data were obtained from student records available from the Registrar's Office. Each S was assigned a code number and all data were punched onto I.B.M. punch cards for computer analysis. The computer programs used to analyze the data were taken from the operator's manual for the Statistical Analysis System (Barr and Goodnight, 1972). The analysis was done by the Triangle Universities Computing Center (T.U.C.C.), located in Raleigh, North Carolina, via a telephone terminal at Wayne Community College. Statistical procedures used were for determining means, Pearson product moment correlation coefficients (Pearson r), and Spearman correlation coefficients (Spearman r).

Results

The results are shown in Tables 1-3 and Appendix B. These results supported the research hypothesis with one exception: none of the eight predictor measures achieved a level of correlation with the criterion measure beyond the .10 level of significance on Pearson r. On the Spearman r, only one measure, the raw SCAT Verbal score, yielded a significant correlation with the criterion measure (Spearman r = +0.353,

---

*(This research was sponsored by NIMH Grant Number MH 12827.)

$p<0.0488$). On both the Pearson r and the Spearman r all eight predictor scores were significantly positively correlated with every other predictor score (one correlation was significant beyond the .05 level of confidence; all other correlations exceeded the $p<.01$ level of significance). For the Pearson r, the only relationship between a predictor (QPA) and the criterion measure (SE) which approached significance showed a correlation of +0.267 ($p<0.101$). The predictors showing the least amount of correlation with the criterion measure were the raw SCAT Quantitative score ($r = +0.046$, $p<0.802$), the percentile equivalent to the SCAT Quantitative score ($r = +0.016$, $p<0.927$), and the Otis-Lennon I.Q. score ($r = +0.059$, $p<0.752$). For the Spearman r, the predictor that showed the least amount of relationship to the criterion measure of job success was the Otis I.Q. ($r = +0.092$, $p<0.628$). Means, correlations, and probabilities for correlations are shown in the following tables:

Insert Table 1 about here

Insert Table 2 about here

Insert Table 3 about here

Even though correlations between predictors and the criterion measure were not shown to be definitely significant (due to conflicting values for "r" when using the Pearson formula as opposed to the Spearman formula), expectancy tables were developed for pragmatic reasons, such as for use by Counselors in advising applicants to the Mental Health program. The first table shows expectancies for quality point averages earned for graduation and raw Total scores on the SCAT upon admission. The second table shows expectancies for job performance as evaluated by supervisors and raw Verbal scores on the SCAT upon admission.

Insert Tables 4 and 5 about here

Discussion

The finding that SCAT Verbal raw score is significantly correlated with job success is not surprising when considering the results of a recent survey done by the Manpower Division of the State Department of Human Resources (Personal communication from the Manpower Specialist doing the survey). When employers and supervisors of Mental Health Associates were asked to specify the greatest weaknesses and strengths of MHA workers, the most frequently specified weakness was ability to use "proper" English, particularly in written form. These same supervisors were asked in the present study to evaluate MHA's under their supervision. It makes sense that those workers with the greatest verbal skills would tend to get higher ratings, since the supervisors had identified verbal skills as a critical area to MHA success on the job.

If job success or on-the-job performance, as determined by the immediate supervisor, is a valid criterion measure for Mental Health Associates, then none of the following predictor scores individually can be legitimately used as entrance or exit requirements: (1) quality point average earned for graduation, (2) Otis-Lennon Mental Ability Test scores, (3) School and College Abilities Test scores.

The size of the sample in this study is perhaps too small to justify generally applicable conclusions. However, two points are indicated: (1) the use of SCAT scores and Otis-Lennon scores as entrance requirements and the use of grade point averages as a graduation requirement for Mental Health Associates at Wayne Community College is questionable and (2) a similar study sampling the 11,000 MHA graduates across the nation appears necessary in order to establish general requirements for entry into and exit from Mental Health Associate programs.

Table 4. Expectancy Table Intersecting
SCAT Scores Upon College Entrance
and QPA's Upon Graduation

College entrance SCAT		Percentages of students earning for graduation a quality point average of:								
Total raw score	N	2.01- 2.25	2.26- 2.50	2.51- 2.75	2.76- 3.00*	3.01- 3.25	3.26- 3.50	3.51- 3.75	3.76 4.00	
90-99	1							100		1.8
80-89	0									0
70-79	0									
60-69	5					20	40		40	8.9
50-59	10	10			40	10	20	20		17.9
40-49*	18			11	39	11	22	6	11	32.1
30-39	13	8		23	15	38	8	8		23.2
20-29	8			12	63	25				14.3
10-19	1			100						1.8
	56	3.6	0	12.5	32.1	19.6	16.1	8.9	7.1	

Pearson r = +0.47, $p < 0.0005$

---Approximately 93% of all cases are bounded by this area (42% of the total area possible). This area designates a SCAT range of 20-69 and a Q.P.A. range of 2.51 - 4.00.

*Modal intervals

Table 5. Expectancy Table Intersecting SCAT Scores Upon College Entrance and Job Success after Graduation as Measured by Supervisors

College entrance SCAT Verbal raw score	N	Percentages of graduates earning a Supervisor's rating of:						
		1.01-1.50	1.51-2.00	2.01-2.50	2.51-3.00	3.01-3.50*	3.51-4.00	
40-49	3			33		67		9.7
30-39	4					50	50	12.9
20-29*	18	5.5		5.5	22	39	28	58.1
10-19	6		17	17	33	33		19.3
	31	3.2	3.2	9.7	19.4	41.9	22.6	

Spearman $r = +0.353$, $p < 0.0488$

*Modal intervals

References*

Allgood, E. V. Prediction of academic success of freshman students in Three divisions at Virginia State College. (Doctoral dissertation, The Pennsylvania State University) Ann Arbor, Mich.: University Microfilms, 1964. No. 64-10,764.

American Psychological Association. Publication Manual. (1967 revision) Washington, D.C.: American Psychological Association, 1967.

Anderson, H.E., Jr. & Barry, J. R. Occupational choices in selected health professions. Personnel and Guidance Journal, 1965, 44(2), 177-184.

Baker, E. J. & McPheeters, H. L. Middle-level workers: characteristics, training and utilization of mental health associates. Community Mental Health Journal Monograph Series, 1975, 8.

Barr, A. J. & Goodnight, J. H. SAS: a user's guide to the Statistical Analysis System. Raleigh, N. C.: North Carolina State University, 1972.

Boney, J. D. A study of the use of intelligence, aptitude, and mental ability measures in predicting the academic achievement of Negro students in secondary school. (Doctoral dissertation, The University of Texas) Ann Arbor, Mich.: University Microfilms, 1964. No. 65-4283.

Boyce, R. W. & Paxson, R. C. The predictive validity of eleven tests at one state college. Jounral of Educational and Psychological Measurement, 1965, 25(4), 1143-1147.

Broe, J. R. Prediction of success in training among electronics technicians. (Doctoral dissertation, University of Southern California) Ann Arbor, Mich.: University Microfilms, 1962. No. 62-6040.

Buros, O. K. The seventh mental measurements yearbook. Highland Park, N. J.: Gryphon Press, 1971.

Cronback, L. J. Essentials of psychological testing. (3rd ed.) New York: Harper and Row, 1970.

DeHart, A. L., Jr. Possible selective admissions criteria for the California public junior college. (Doctoral dissertation, Stanford University) Ann Arbor, Mich.: University Microfilms, 1962, No. 62-2317.

Distefano, M. K., Jr. & Rice, M. L. Predicting academic performance in a small southern college. Journal of Educational and Psychological Measurement, 1966, 26(2), 487-489.

Dugger, J. G. The new professional: introduction for the human services/mental health worker. Monterey, Calif.: Brooks/Cole, 1975.

Fordham, S. L. A study of the relationship of selected factors to academic success in professional physical education at the University of Illinois (Chicago). (Doctoral dissertation, Michigan State University) Ann Arbor, Mich.: University Microfilms, 1963. No. 64-7506.

Haugen, E. S. A study of the validity of the WAIS, SCAT, and STEP as predictors of success in college mathematics. (research study no. 1). (Doctoral dissertation, Colorado State College) Ann Arbor, Mich.: University Microfilms, 1964. No. 65-233.

Husemoller, K. E. The prediction of freshmen academic success at Eastern New Mexico University, Roswell, by means of selected demographic and standardized tests data. (Doctoral dissertation, Colorado State College) Ann Arbor, Mich.: University Microfilms, 1969. No. 69, 15,729.

McPheeters, H. L. The creation of a discipline: middle level mental health workers. Atlanta, Ga.: Southern Regional Education Board, 1973a.

McPheeters, H. L. Middle level mental health workers are here: What now? Atlanta, Ga.: Southern Regional Education Board, 1973b.

McPheeters, H. L. & King, J. B. Plans for teaching mental health workers. Atlanta, Ga.: Southern Regional Education Board, 1971.

Nash, J. M. Prediction of academic achievement of women at a private junior college through use of certain intellective and family relationships measures. (Doctoral dissertation, Boston University School of Education) Ann Arbor, Mich.: University Microfilms, 1970. No. 70-22,479.

Pace, J. L., Jr. Relationships of the dominant value constructs to achieved grade point averages of high and low ability transfer students in two age groups at Phillips County Community College. (Doctoral Dissertation, The University of Mississippi) Ann Arbor, Mich.: University Microfilms, 1970. No. 70-16,404.

Thorndike, R. L. & Hagen, E. Measurement and evaluation in psychology and education. (3rd ed.) New York: John Wiley & Sons, 1969.

Webster's Seventh New Collegiate Dictionary. Springfield, Mass.: G. & C. Merriam Co., 1963.

*Please note that all references to doctoral dissertations refer only to their abstracts as published in Dissertation abstracts. No form of the original documents has been directly referred to for purposes of the present study. However, all other references refer to original documents used in this study.

WAYNE
COMMUNITY
COLLEGE

Caller Box 8002, Goldsboro, N. C. 27530
Telephone: (919) 735-5151

TO: Mental Health Associate Graduates
FROM: Dan Cowley, Chairman
SUBJECT: Supervisor Evaluations
DATE: September 15, 1975

Please give the enclosed form to your immediate supervisor and ask him/her to complete it in detail--using the following instructions--as soon as is possible, and return it to me in the stamped, self-addressed envelope. It is important that he/she send it to me anonymously, i.e., without your seeing it. The information will be kept in strictest confidence. Once other information is combined with data from this survey and a code number is assigned to it, your name will be removed from the information.

Since this form is also used for evaluation of active students during their internships, some special instructions are necessary for your supervisor to have in order to complete the survey. These are as follows:

1. Please fill in your complete name, social security number, and dates of employment (not affiliation as student) with this agency.

2. Omit Course Number and Name, Number of Absences and Absences Made Up--but do fill in name and address of employer.

3. Omit the "I have read this report" line, the "Number of Persons Contributing" line, and "Student has been observed" line, but fill in Date, Signature, and Position or Title.

4. The Rating Scale of A, B, C, D, F is not really relevant--but rather should be looked upon as a five-point scale: where A is a Superior rating, B is an Above Average rating, C is an Average rating, D is a Below Average rating, and F is an Inferior rating. Please use THIS rating scale throughout.

5. Part III. "remarks" is an extremely important response to make, since it covers all the unique things about you and your job which cannot be rated on a simple scale. This section will be most useful in improving our training program.

If you are not now employed in Human Services/Mental Health but have been so employed at some time since your graduation, then please forward this form to your immediate past supervisor or employer and ask him/her to complete the evaluation and return it to me as soon as is possible.

I will deeply appreciate your early and favorable consideration of this request.

A Comprehensive Community College

Appendix A

WAYNE COMMUNITY COLLEGE

REPORT OF STUDENT PERFORMANCE

STUDENT'S NAME: ______________________________
(Last) (First) (Middle) (Maiden)

SOCIAL SECURITY NUMBER: ____________ QUARTER ASSIGNED: ________

COURSE NUMBER AND NAME: ______________________________

AGENCY OR INSTITUTION AND ADDRESS: ______________________________

____

DATES OF AFFILIATION: FROM ____________ TO ____________

NUMBER OF ABSENCES ________ NUMBER OF ABSENCES MADE UP ________

PART I: GENERAL EVALUATION

EVALUATION OF ABILITY TO:	A	B	C	D	F	COMMENTS
1. carry out a therapeutic program						
2. demonstrate knowledge of available skills						
3. develop acceptable interpersonal relationships						
4. function maturely						
5. plan a therapeutic program						
6. relate to clients therapeutically						
7. report profesionally - orally						
8. report professionally - in writing						
9. overall general evaluation						

I HAVE READ THIS REPORT: ______________________________
(Signature of Student)

DATE: ____________

SIGNATURE OF RATER: ______________________________

POSITION OR TITLE: ______________________________

NUMBER OF PERSONS CONTRIBUTING TO THIS REPORT: ____________

STUDENT HAS BEEN OBSERVED TREATING CLIENTS: DAILY ____________

OTHER(Specify): ______________________________

NOTES ON EVALUATION BY COLLEGE FACULTY: ______________________________

____

____

____

PART II: EVALUATION OF SPECIFIC BEHAVIORS AND TRAITS

A. ABILITY TO INSTRUCT — ability to analyze and segregate the processes of activities and present each process in logical order of appropriate level

	A	B	C	D	F
1. breaks the activity down into appropriate steps					
2. checks on results of instructions					
3. familiarizes self with processes of activities to be taught					
4. gives clear explanations					
5. present instructions at client's level					
6. overall ability to instruct					

B. ABILITY TO INTERPRET -- ability to report orally or in written form on purposes of therapy, therapy procedures and client progress

	A	B	C	D	F
1. emphasizes appropriate factors					
2. expresses self convincingly orally					
3. expresses self convincingly in writing					
4. reports accurately					
5. submits legible reports					
6. uses correct grammar					
7. uses correct spelling					
8. uses terminology appropriately					
9. overall ability to interpret					

C. JUDGEMENT -- ability to analyze situations, grasp essentials, reach sound conclusions, and plan necessary steps in accordance with priorities

	A	B	C	D	F
1. adjusts pace to program requirements					
2. assumes authority appropriately					
3. department personnel have confidence in student					
4. recognizes which decisions require approval					
5. thinks things through before acting					
6. overall judgement					

D. MATURITY -- ability to appraise situations realistically and objectively and to maintain a positive attitude and emotional balance in reacting to them

	A	B	C	D	F
1. accepts responsibility willingly					
2. adjusts to the working situation					
3. is self-reliant					
4. profits from constructive suggestions					
5. seeks guidance when indicated					
6. sees things in their proper proportion					
7. subordinates personal affairs to program					
8. overall maturity					

E. ORDERLINESS -- demonstrated neatness in work habits and in arrangement, care, and use of physical facilities

	A	B	C	D	F
1. puts things away properly					
2. maintains equipment at adequate working level					
3. works in an organized manner					
4. overall orderliness					

F. PROFESSIONAL BEHAVIOR -- attitude evidenced toward institutional, departmencal and personal standards involving grooming, bearing and manner, professional ethics and etiquette

	A	B	C	D	F
1. actions are in keeping with the professional situation					
2. careful in personal grooming					
3. cooperates with personnel					
4. is thoughtful and considerate of other persons					
5. is well-mannered					
6. observes rules and regulations					
7. overall professional behavior					

G. RESOURCEFULNESS -- drive and ability to utilize personal assets and available facilities alone and under supervision as indicated

	A	B	C	D	F
1. finds an efficient way to do things					
2. gives constructive suggestions					
3. improvises or adapts what is on hand					
4. functions without prodding					
5. overall resourcefulness					

H. SENSE OF RESPONSIBILITY -- readiness and dependability in organizing and discharging all assigned duties in relation to client welfare and departmental administration

	A	B	C	D	F
1. alert to the needs of the total client group					
2. budgets own time effectively					
3. canbe depended upon to do a good job					
4. willingly assumes new duties					
5. is punctual in discharge of duties					
6. observes safety precautions					
7. overall sense of responsibility					

I. THERAPEUTIC PROGRAM -- ability to plan, present, execute and adjust client's therapy program

	A	B	C	D	F
1. applies theoretical knowledge appropriately					
2. considers all factors relevant to toal program					
3. objectives of therapy program are clearly defined					
4. observes therapy precautions					
5. orients client to his program(initial and/or changes)					
6. starts therapy with adequate preparation					
7. takes appropriate action when a program change is needed					
8. uses therapeutic activities effectively					
9. overall therapeutic program					

J. THERAPEUTIC RELATIONSHIPS -- ability to obtain and keep client's response at desired level

	A	B	C	D	F
1. adjusts approach to meet client's needs					
2. deals effectively with attitudes displayed by clients					
3. appropriately assumes responsibility for making initial contact					
4. maintains friendly but objective attitude					
5. clients accept direction from student					

	A	B	C	D	F
6. shows accurate empathy					
7. shows nonpossessive warmth					
8. shows genuine sincerity					
9. establishes and maintains good rapport with clients					
10. overall therapeutic relationships					

K. TREATMENT MEDIA -- ability to demonstrate proficiency in therapy activities including those known to him upon arrival, those acquired at the agency, and those he improved in while at the agency

	A	B	C	D	F
1. adapts available media to meet needs					
2. demonstrates ability to use a variety of minor skills					
3. demonstrates knowledge of teachniques in major skills					
4. grasps and retains instructions in skills					
5. indicates a desire to improve previously acquired skills					
6. shows initiative in learning new skills					
7. is willing to recommend innovative approaches					
8. overall therapy media					

FOR COLLEGE FACULTY USE ONLY

	A	B	C	D	F	TOTAL
PART I						
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
TOTAL						
PERCENTAGE						

PART III: REMARKS

Summarize the student's experience in this affiliation: (include nature of and effectiveness with client load, supervision necessary, notable strengths and weaknesses, need for improvement and potentialities for work in this service, program, agency, client, or disability area.)

(Use back of this page for additional comments.)

POTENTIAL PREDICTOR OF JOB SUCCESS FOR MHA's

The primary research instrument which has been used during the project to examine various aspects of trainees has been the FIRO-B, a non-projective personality inventory developed by Will Schutz. Following is a comprehensive test review of the FIRO-B recently completed by the Project Director. It appears to the eyeball that the FIRO-B scores for trainees will be a valid and reliable predictor of job success of graduates. However, this may be confounded by the finding that FIRO-B scores show significant change for trainees as a function of attending human relations training labs and classes in group processes and group dynamics, as can be seen in the following study.

TEST REVIEW

Robert D. Cowley

Wayne Community College

FIRO-B

Fundamental Interpersonal Relations Orientation - Behavior

Author. William C. Schutz, Ph.D
Esalen
Big Sur, California

Publisher. Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, California 94306

Copyright date. 1957; revised 1967 (revisions only on manual and format)

Level or group for which the test is intended. Grades 9-16 and adults

Forms of the test. Only one form of FIRO-B

Similar tests by the same author.

a) FIRO-BC (Fundamental Interpersonal Relations Orientation - Behavior Children); 1966

b) FIRO-F (Fundamental Interpersonal Relations Orientation - Feelings); 1957

c) LIPHE (Life Interpersonal History Enquiry); 1962

d) MATE (Marital Attitudes Evaluation); 1967

e) VAL-ED (Educational Values); 1962

f) COPE (Coping Operations Preference Enquiry); 1962

All of the above FIRO scales were published by Consulting Psychologists Press, Inc.

Purpose and recommended use. "The primary purposes of the FIRO-B are: (1) to measure how an individual acts in interpersonal situations, and (2) to provide an instrument that will facilitate the prediction of interaction between people."

Dimensions or areas. The FIRO-B purports to measure "how an individual characteristically relates to other people" as a trait. The level of personality being assessed by these scales is "behavior." For each of the dimensions being assessed, there are two aspects in each dimension: the behavior an individual "expresses" toward others ("e") and the behavior he "wants" others to express toward him ("w"). The dimensions of fundamental interpersonal relations measured by the FIRO-B are as follows:

"I" - The interpersonal need for "inclusion" has to do with the desire to be included in or not be included in the activities of others and the desire to include or not include others in one's own activities.

"C" - The interpersonal need for "control" has to do with the desire to control or not to control others, to experience power or not experience power over the behavior of others, and the desire to be controlled or not be controlled by others.

"A" - The interpersonal need for "affection" has to do with the desire to love and be loved, to not love and not be loved, to experience affectionate intimacy with others or not.

The following table, taken from the FIRO-B Scales Manual, describes these six FIRO-B subscales from the perspective of the individual:

Insert Table 1 about here

TABLE 1. NAMES AND SYMBOLS FOR FIRO-B SCALES

	Expressed Behavior	Wanted Behavior
Inclusion	e^I I make efforts to include other people in my activities and to get them to include me in theirs. I try to belong, to join social groups, to be with people as much as possible.	w^I I want other people to include me in their activities and to invite me to belong, even if I do not make an effort to be included.
Control	e^C I try to exert control and influence over things. I take charge of things and tell other people what to do.	w^C I want others to control and influence me. I want other people to tell me what to do.
Affection	e^A I make efforts to become close to people. I express friendly and affectionate feelings and try to be personal and intimate.	w^A I want others to express friendly and affectionate feelings toward me and to try to become close to me.

Administration. The FIRO-B is a self-administered self-report questionnaire composed of 54 statements (from the "first-person-singular-active"). Responses are selected from six choices (forced choice) based on the Guttman scaling technique. It generally takes from 8 to 15 minutes to complete the FIRO-B and about the same time to score it by hand. Even though this is not a timed test, respondents are encouraged to proceed through the questionnaire and not to debate long over any single item. Summarily, the FIRO-B is easily given, easily taken, and easily scored.

Scoring. The FIRO-B is scored using three coded templates which are keyed on both sides, with each such key measuring one of the six subscale areas of the test. The test booklette has four columns of items with response boxes to the left of each item. When a scoring template is placed over a given column of items, score boxes are aligned with answer codes on either margin of the template. Scores matching the coded numbers on the template are added and entered into score boxes on the front cover of the test booklette. Scores range from 0 to 9 for each of the six subscale areas. It is not known if machine-scoreable answer sheets are currently available for the FIRO-B, but the mechanics of devising such a machine-scoreable form are simplistic and readily available through an optic scanning procedure.

Source of items. Development of test items began in 1952 and went on for about five years, appearing at one time or another in one of five earlier developmental forms of the current FIRO-B: (1) FIRO-Q, (2) FIRO-1, (3) FIRO-2, (4) FIRO-3, and (5) FIRO-4. Each of these forms was used in one or more experimental studies. Even though the origin of FIRO-1 items is unknown (to the present reviewer), items selected for the FIRO-B came from the FIRO-1 and several other scales:

(a) Slater's *Parental Role Preference* questionnaire

(b) The *Blacky* projective test

(c) Edward's *Personal Preference Schedule*

(d) The *Interpersonal Checklist*

(e) Guilford's *Rhathymia* and *Cyclothymia* scales

(f) The California *F-scale*

(g) Blacky *Defense Preference Inquiry*

(h) Bale's *Value Profile*

Schutz used an elaborate criteria for selection of final items to be included on the FIRO-B scales. Items from the above sources were factor analyzed using a computerized orthogonal rotation procedure. A cluster analysis revealed six clusters (using the Holzinger and Harman method of the B-coefficient). Items carrying the highest weights were selected for the FIRO-B scales. The number of items selected was based upon the following "virtues":

(a) provides "sufficient length for acceptable reliability (stability) of the scale"

(b) provides "sufficient categories for dividing respondents into as many classes as desired"

(c) keeps "the questionnaire reasonably short (54 items) and brief"

(d) keeps "scoring uniform among scales and in single digits for computational ease"

Description of items. All 54 items on the FIRO-B are of the item form of a six-point forced choice Guttman scale, with numerical equivalents ranging from a "1" as the highest symbolic response to a "6" as the lowest symbolic response. 30 of the items have the following word equivalents to numerical choices:

1 = usually

2 = often

3 = sometimes

4 = occasionally

5 = rarely

6 = never

The remaining 24 items are given with the following choice options:

1 = most people

2 = many people

3 = some people

4 = a few people

5 = one or two people

6 = nobody

Each statement is written in the first person singular voice, active tense. The items are stated in clear and simple English and appear to be free of cultural bias. The statements address themselves to interpersonal activities where the locus of control is either with the respondent or the other person in relationship to the respondent. Items discuss areas of inclusion, control, and affection which match up fairly clasely with the author's definitions of the three dimensions and two aspects of the personality trait being measured. Examples of items from each of the six subscales are as follows:

(a) expressed inclusion - "I try to be with people."

(b) expressed control - "I try to influence strongly other people's actions."

(c) expressed affection - "I try to have close relationships with people."

(d) wanted inclusion - "I like people to invite me to things."

(e) wanted control - "I let other people decide what to do."

(f) wanted affection - "I like people to act close and personal with me."

Statistical item analysis. The analysis used to determine item discrimination (for purposes of appropriateness to orientations rather than level of difficulty) was the Guttman technique for cumulative scale analysis. (Schutz used a computer program for this analysis. The present reviewer requested a copy of the program from the University of California at Berkeley Computer Center but was informed that the program and all supporting memory material had been purged from their data banks.) Schutz describes the analysis procedure and results in the following manner:

"Scales comprised of items regularly decreasing in popularity are constructed; hence any individual will accept items sequentially to a given point and then reject the remainder. If a series of items approximates this model to the degree that 90 per cent of all responses to all items can be correctly predicted from a knowledge only of how many items each person accepted, then the items are said to be reproducible and therefore to form a unidimensional scale ... all items are measuring the same dimension."

"the respondents are assigned scale scores equal to the number of items accepted."

"The scales were developed on about 150 subjects gathered from the Boston area colleges. . . and a military group. . . . They were then cross-validated to ensure that the scales maintained the required characteristics of acceptable Guttman scales. For the cross-validation study a population of about 1,500 subjects was used, made up primarily of . . . (the Boston area colleges' students). Because of revision of certain scales the number of subjects used for developing each scale varies."

Item analysis in this case is actually relevant to content validity. Schutz addresses himself to this issue in the following manner:

"Content validity is determined by showing how well the content of the test samples the class of situations or the subject matter about which conclusions are to be drawn. If the theory underlying the use of Guttman scales is accepted, then content validity is a property of all legitimate scales."

"If all the items ar measuring the same dimension, and if they are of descending popularity, then they must represent a sample of items from that dimension. Any other item in that dimension fits between (or beyond) scale items according to the percentage accepting the item (its marginal), and an individual's response to the new item is at least 90 per cent reproducible (that is, predictable) from his scale score. This implies that any sample of items in this dimension would rank respondents in essentially the same way; therefore the sampling of the universe of items yields a satisfactory content validity."

Method of validation. The planning of the FIRO-B was a result of a theory of personality and interpersonal behavior developed by Schutz. He presented his theory in the form of postulates and theorems, the following being the most relevant to test planning:

"Postulate 1. The Postulate of Interpersonal Needs"

(a). Every individual has three interpersonal needs: inclusion, control, and affection.

(b). Inclusion, control, and affection constitute a sufficient set of areas of interpersonal behavior for the prediction and explanation of interpersonal phenomena.

"Theorem 1-1. If a representative battery of measures of interpersonal behavior is factor analyzed, the resulting factors will reasonably fall into the three need areas, inclusion, control and affection."

In evolving his theory of inclusion, control, and affection (ICA), Schutz was influenced by a number of writers and theoreticians. This influence "spilled over" into the planning for and development of the FIRO-B scales. The following tables, taken from Schultz'a book, FIRO: A Three Dimensional Theory of Interpersonal Behavior, portrays the way Schutz schematized interpersonal data and how different theorists and writers influenced Schutz's theory:

Insert Table 2 about here

Insert Table 3 about here

TABLE 2-.. Matrix of Relevant Interpersonal Data—"The Elephant"

			INCLUSION			CONTROL			AFFECTION		
			Self to Other (Actions)	Other to Self (Reactions)	Self to Self	Self to Other (Actions)	Other to Self (Reactions)	Self to Self	Self to Other (Actions)	Other to Self (Reactions)	Self to Self
DESIRED INTER-PERSONAL RELATIONS (NEEDS)		Act	Satisfactory relation re interaction and inclusion behavior 1			Satisfactory relation re power and control behavior 19			Satisfactory relation re love and affection behavior 37		
		Feel	Satisfactory relation re feelings of mutual interest 2		Feeling that I am significant 15	Satisfactory relation re feelings of mutual respect 20		Feeling that I am responsible 33	Satisfactory relation re feelings of mutual affection 38		Feeling that I am lovable 51
IDEAL INTER-PERSONAL RELATIONS		Act	Social 3	People include me 4		Democrat 21	People respect me 22		Personal 39	People are friendly to me 40	
		Feel	I am interested in people 5	People are interested in me 6		I respect people 23	People respect me 24		I like people 41	People like me 42	
ANXIOUS INTER-PERSONAL RELATIONS (ANXIETIES)	Too much activity	Act	Over-social 7	Social-compliant 8	I am insignificant (I don't know who I am; I am nobody) 16	Autocrat 25	Rebel 26	I am incompetent (I am stupid, irresponsible) 34	Over-personal 43	Personal-compliant 44	I am unlovable (I am no good, rotten bastard) 52
		Feel	I am not *really* interested in people 9	People aren't *really* interested in me 10		I don't trust people 27	People don't trust me 28		I don't *really* like people 45	People don't *really* like me 46	
	Too little activity	Act	Under-social 11	Counter-social 12		Abdicrat 29	Submissive 30		Under-personal 47	Counter-personal 48	
		Feel	I am not interested in people 13	People are not interested in me 14		I don't *really* respect people 31	People don't *really* respect me 32		I don't like people 49	People don't like me 50	
PATHO-LOGICAL INTERPER-SONAL RE-LATIONS	Too Much				17	Obsessive-compulsive		35	Neurotic		53
	Too Little		Psychotic (Schizophrenia)		18	Psychopath		36	Neurotic		54

Table 3- **Summary of Studies Finding Aspects of the Three Fundamental Interpersonal Needs**

	AUTHOR	INCLUSION	CONTROL	AFFECTION
PARENT-CHILD RELATIONS	1. Baldwin, Kallhorn, Breese (1945)	Indulgence	Democracy in the home	Acceptance
	2. Champney (1941)	Stimulative-inactive	Freedom-control	Approving-deprecating
	3. Sewell, Mussen, Harris (1955)	Parent-child interaction	Promotion of independence	Permissive feeding
PERSONALITY TYPES	4. Fromm (1947)	Withdrawal-destructive	Symbiotic relatedness	Love relatedness
	5. Freud (1931)	Narcissistic type	Obsessional type	Erotic type
	6. Horney (1945)	Moving away from people	Moving against people	Moving toward people
GROUP BEHAVIOR	7. Kaiser group (1957)	Intensity	Dominance-submission	Affiliation hostility
	8. Couch, Carter (1954)	Individual prominence	Group-goal facilitation	Sociability
	9. Bion (1949)	Fight-flight	Dependence	Pairing
MISCELLANEOUS STUDIES	10. Benne, Sheats (1948)	Individual	Task	Maintenance
	11. Swanson (1951)	Participation	Influence	Being liked
	12. Back, *et al* (1951)	Group prestige	Task direction	Personal attraction
	13. Corsini, Rosenberg (1955)	Actional	Intellectual	Emotional
	14. Jenkins, Lippitt (1951)	Extracurricular activity	Power	Friendliness
	15. Varon (1953)	Status	Independence	Expressing feelings
	16. Glueck (1950)	Cohesiveness	Discipline	Affection

From these tables it can be seen that certain types of statements can be deduced which relate to the six needs indentified by Schutz. Test items were developed which related to the general concept of a need, as defined by a synthesis of individual definitions from various writers and theorists addressing themselves to that need. To the degree that Schutz accurately intersected parts of very different theories with each other, his theory reflects an eclectic approach to understanding personality and interpersonal behavior. To the degree that Schutz selected test items from other scales and developed new test items which accurately evaluate the six needs defined, his test reflects an eclectic approach to measuring personality and interpersonal behavior. If those test items originally selected were appropriate to the dimensions of behavior being assessed, then the consequent factor and cluster analyses Schutz carried out should have greatly strengthened the probability that the FIRO-B subscales would be valid.

Norm groups. The FIRO-B scales were administered to a number of business, professional, college, military, and occupational groups for the purposes of establishing norms. Some of the groups for which norms are available are as follows:

Insert Table 4 about here

These norm groups represent a sample of 2,311 subjects from a variety of geographic areas, a number of occupational backgrounds, both sexes, and a wide range of ages and educational backgrounds. However, it appears that the main criterion for population sampling was dependent upon the particular location of the test maker and/or his associates, i.e., like many professionals in our mobil society, Schutz has moved around a lot-testing persons who were available in that time and place. Norms for combinations of subscale scores are given but interpretation should be cautious since no standard deviations are presented in the manual. No general norms have been made for the FIRO-B since they would probably not be useful because of the tremendous variations in norms established for different occupational groups.

Interpretation of scores. FIRO-B scale scores are presented for the six needs subscales as digits between '0' and '9'. To obtain scores for the two "aspects" and three "dimensions" of the personality "trait" being measured, subscale scores are summed over "e", "w", "I", "C", and "A". Difference scores are obtained by determining the difference between "e" and "w" for any given dimension. Since the FIRO-B subscale "raw" scores are based upon the Guttman scaling procedure, these scores are taken as the "final" scores and are not transformed to percentiles, standard scores, or stanines. Generally speaking, a low subscale score is represented by a 0, 1, or 2, a high score is a 7, 8, or 9, and a medium need score is a 3, 4, 5, or 6. However, Schutz has developed a number of elaborate procedures for looking at patterns of scores,

TABLE 4. FIRO-B SCORES FOR TWELVE OCCUPATIONAL GROUPS*

Scale	a	b	c	d	e	f	g	h	i	j	k	l
MEAN												
e^I	6.4	5.6	5.6	5.5	4.6	4.9	5.9	2.7	5.4	3.8	5.1	5.2
w^I	7.0	6.2	5.4	5.6	5.4	3.8	4.6	1.7	4.0	2.6	4.6	3.4
e^C	5.6	5.5	4.9	4.1	2.9	2.6	4.7	5.4	3.4	2.9	3.0	3.1
w^C	4.4	4.9	5.4	4.6	4.7	4.4	5.5	3.1	5.0	4.0	5.0	5.1
e^A	6.1	4.1	4.0	4.2	3.7	3.2	4.4	2.6	3.6	3.2	4.4	3.7
w^A	6.9	5.2	5.0	4.8	5.0	3.9	5.1	4.4	4.9	3.9	5.9	4.3
STANDARD DEVIATION												
e^I	1.93	2.08	1.69	1.90	2.82	2.39	1.90	1.79	2.23	2.26	1.90	1.96
w^I	2.08	3.10	2.73	3.20	3.16	3.62	3.41	2.21	3.49	3.30	3.37	3.42
e^C	2.03	2.32	2.58	2.61	2.47	1.92	2.42	2.66	2.03	2.58	1.87	2.38
w^C	2.17	2.12	1.92	2.04	1.97	2.13	1.72	1.91	1.66	2.08	1.84	1.93
e^A	2.28	2.30	2.55	2.37	2.20	2.00	2.28	2.01	2.10	2.19	2.57	2.07
w^A	1.86	2.24	2.55	2.63	2.15	2.63	2.54	2.48	2.20	2.33	2.55	2.35
SUMS (Σ) WITHIN NEED AREAS ($e + w$) AND OVER-ALL												
Σ^I	13.4	11.8	11.0	11.1	10.0	8.7	10.5	4.4	9.4	6.4	9.7	8.6
Σ^C	10.0	10.4	10.3	8.7	7.6	7.0	10.2	8.5	8.4	6.9	8.0	8.2
Σ^A	13.0	9.3	9.0	9.0	8.7	7.1	9.5	7.0	8.5	7.1	10.3	8.0
Σ	36.4	31.5	30.3	28.8	26.3	22.8	30.2	19.9	26.3	20.4	28.0	24.8
DIFFERENCES (d) WITHIN NEED AREAS ($e - w$) AND OVER-ALL												
d^I	−0.6	−0.6	0.2	−0.1	−0.8	1.1	1.3	1.0	1.4	1.2	0.5	1.8
d^C	1.2	0.6	−0.5	−0.8	−1.8	−1.8	−0.8	2.3	−1.6	−1.1	−2.0	−2.0
d^A	−0.8	−1.1	−1.0	−0.6	−1.3	−0.7	−0.7	−1.8	−1.3	−0.7	−1.5	−0.6
d	−0.2	−1.1	−1.3	−1.2	−3.9	−1.4	−0.2	1.5	−1.5	−0.6	−3.0	−0.8

*a. Traveling salesmen from a large pencil company (*N* = 39. age 25 65. male)
b. Harvard Business School graduate students (*N* = 108. age 24 38. male)
c. University of California Medical School advanced students (*N* = 39. age 23 33. male)
d. Harvard freshmen (*N* = 1012. age 16 20. male)
e. Radcliffe freshmen (*N* = 228. age 16 20. female)
f. Operation Deepfreeze personnel (*N* 78. age 22 60. male) two crews of naval and civilian personnel who manned the Ellsworth Station outpost in the Antarctic for one year (one crew per year)
g. Educational administrators (*N* = 104. age 26 64. mixed) superintendents, principals, and other administrators of elementary and secondary schools
h. Creative architects (*N* = 40. age 36 65. male)
i. Psychology majors. North Texas State College (*N* = 35: mixed)
j. Physics majors. North Texas State College (*N* = 35. mixed)
k. Nurses (*N* = 16. age 23 55. female) nursing students (11) and faculty (5) at University of California Medical School
l. Teachers (*N* = 677)

combinations of scores, and relationships between sets of scores for different individuals. Even a brief description of these complex statistical formulas would be beyond the scope of the present paper. Interested readers are referred to Schutz's book, *The Interpersonal Underworld*, and references in the *Test Manual* for explications of these computational procedures and guidelines for interpreting results. A brief account of interpretation of FIRO-B raw scores is given by Schutz as follows:

"High over-all scores (Σ) are attained by professions requiring a great deal of contact with other adults. Salesmen score extremely high, followed by business and medical students, and school administrators. The occupations requiring more introverted activities and less contact with people - architecture, physics, and antarctic exploration - score very low over-all. This pattern is consistent for the total scores within all three interpersonal areas, with one interesting exception: nurses score very high in the affection area."

"Looking at the results from the standpoint of initiating or receiving behavior - giving or taking - the description of occupational groups becomes elaborated. Architects not only do not like much interaction, but whenever they do relate to people, they want to be the initiators (as indicated by their high *d* scores). Salesmen and school administrators also like to initiate, but in a context of a great deal of interaction. Being the recipients of interaction rather than the initiators follows the traditional sex roles. By far the highest preference for receiving (low *d*) was made by Radcliffe freshmen and nurses, both female groups."

The FIRO-B has promise as a personality assessment instrument for purposes of clinical interpretation of the scores. However, until further validity and reliability studies are undertaken, the scales should be used only for research purposes and not for clinical evaluation purposes or purposes of guidance and counseling.

Validity as determined by the author. While at Harvard, Schutz supervised an honors thesis by Victor McElheny which established concurrent validity between FIRO subscales and four Guttman scales measuring political attitudes. 83 Harvard undergraduates were administered an early form of the FIRO scales and the political attitudes scales (with reproducibility on these latter scales ranging from .91 to .94). McElheny predicted that the following relationships would be found:

(a) Political Individual Significance scale related to inclusion scales

(b) Political Autocrat scale related to expressed control scale

(c) Political Abdicrat scale related to wanted control scale

(d) Political Personal scale related to affection scales

In the first three cases the two predicted scales were significantly correlated, whereas neither of the scales in each case were significantly correlated with any other scale. No significant correlation was found between the last two scales; nor were either of these two scales significantly correlated with any other scales.

For the sixteen possible relations which could occur, only four gained significance. Three of these possible four relations were predicted accurately; the probability of this occurrence is less than .01. Schutz carried out two experiments to determine the relationship between FIRO scores and current occupation or choice of occupational training field. Patterns of FIRO scores were found to be related to career choice: (1) Air Force Senior Officers were Low on Affection scores but High on both Expressed Control and Wanted Control, (2) Industrial Supervisors were High on all three scales, (3) Public School Administrators, and (4) Student Nurses were High on Affection and Low on both Control scales. In the second study, a group of Radcliffe Freshmen (228 females) had a significantly lower mean score on the Expressed Inclusion scale than did a group of 63 Business School students and 1,012 Harvard Freshmen. All 3 of these groups had significantly different mean scores each from the other two on the Expressed Control scale. The Radcliffe Freshmen had significantly lower mean scores on the Expressed Affection scale than did the Harvard Freshmen. Schutz concludes that the FIRO scales are related to status (giving status as a criterion performance to demonstrate con-current validity). However, the data and analysis do not lend themselves to making such conclusions, at least not on sound statistical grounds. Schutz recognizes this weakness in this area:

"Beyond speculative interest, interpretation is risky. For one thing, interpretation is complicated by the fact that it is difficult to distinguish whether certain personality types are attracted to certrain occupations or whether practicing the occupations determines the orientation."

Schutz and his associates performed a series of studies which demonstrated a number of significant relationships between FIRO scores and scores on four conformity problems (inspired by the conformity studies of Asch). Schutz concludes from these studies that the evidence indicates "...most strongly that those who profess little need to be liked, who don't like to be governed by rules, and who express themselves freely tend not to change their opinions when under social pressure."

Predictive and construct validity for the FIRO-B scales appears to have been well-documented by Schutz. He calls these forms of validity "construct concurrent validity" and "construct predictive validity" - stating that almost every study cited in this book on FIRO theory is relevant to predictive validity. Almost all of Chapter 5 describes the former type of validity and almost all of Chapter 7 describes the latter type (in FIRO: A Three-Dimensional Theory of Interpersonal Behavior). The studies and experiments described are too lengthy and complex to go into detail on in the present paper, but the FIRO-B scales would appear to have acceptable predictive and construct validity.

Validity as determined by others. Kramer (1967) tested 25 Ss on the FIRO-B and also had them rate themselves on the FIRO dimensions of inclusion, control, and affection. Kramer then calculated rank-order correlations for the FIRO-B scaled scores and the ratings of the Ss made on their own. Only the "expressed inclusion" comparison failed to achieve significance beyond the .05 level. "Wanted control" showed correlations significant beyond the .05 level (rho = .39) and the remaining four correlations showed a probability of less than .01 (with the rho range from .48 to .83).

An attempt was made by Froehle (1970) to replicate the 1967 study by Kramer but only one of the six comparisons gained significance using the t test - "expressed control." The E concluded that the failure to support Kramer's findings was a result of differential scale relevance for Ss in the two different studies.

Ryan, Maguire, and Ryan (1970) investigated the substantive, structural and external validity for the FIRO-B scales. The Ss were 144 non-college adults consisting of three groups - salesmen, policemen, and service volunteers. The E's concluded that the FIRO-B did not posses construct validity because they had "...serious questions concerning the adequacy with which the test meets the requirements of each of the three components of construct validity as outlined by Loevinger...."

In a study designed to clarify some of the discrepant results obtained from FIRO-B validation studies, Sister Coultas (1971) examined the convergent and discriminant validity for the FIRO-B. She tested 360 college students in Pennsylvania by having them rate themselves on the FIRO-B, having them rate each other on the FIRO-B, and having their dorm counselors rate them on the Observation Checklist. A matrix analysis showed the (1) all six FIRO-B subscales met the criterion of convergent validity, (2) the summed Inclusion and Affection scales proved to have convergent validity, and (3) three FIRO-B variables were shown to have discriminant validity (i.e., expressed control, wanted control and wanted affection).

In his dissertation study, Cox (1970) found that the FIRO-B did not have predictive validity for differentiating between three different levels of "achievers" in Southern Indiana high schools. Cox tested 135 Ss enrolled in college preparatory programs who had been labeled as high, low, and average achievers. The three groups of Ss did not differ significantly on the six dimensions of the FIRO-B.

Vraa (1969) tested 59 Canadian male freshmen at the University of North Dakota using the ACT, the FIRO-B, the FIRO-F and a biographical data survey form. He found that only the "wanted control" subscale validity predicted the college achievement for the Ss, even though combining several FIRO scales produced a significant multiple correlation with college achievement.

Whereas Vraa had tested only Canadian students at the University of North Dakota, Grady (1969) carried out an earlier study comparing American male students and Canadian male students. Grady found that the "expressed control" subscale scores were significantly related to first semester grade point averages, but only for the American Ss. He also found a significant negative relationship between "wanted inclusion" and "wanted control" and first semester GPA's, but only for the Canadian Ss. Findings from both the Grady and Vraa studies were similar for multiple relationships with academic achievement for American Ss between five academic variables and six FIRO-B variables.

Haines (1960) evaluated the relative strengths of the FIRO-B and the EPPS in predicting roommate compatibility for students in a male residence hall at the University of Utah. Neither the FIRO-B nor the EPPS scales proved to be valid predictors of roommate compatibility. The E suggested that failure to support the research hypothesis was probably due to the flexibility of college roommates in getting along with about any other roommate.

Reliability. Schutz tested about 1,500 subjects (mostly college students) to establish coefficients of internal consistency for the FIRO-B scales. Even though the split-half method is the most usual test for internal consistency, reproducibility is the more appropriate measure for the FIRO-B since it is based on Guttman scales. The results of this study are given in the following table:

Insert Table 5 about here

Test-Retest reliability studies were reported in terms of coefficients of stability. The FIRO-B was administered to a group of 183 college students at one-month intervals, two unsatisfactory scales were replaced, and then a smaller group of students were tested with a one-week interval. The coefficients of stability for the six subscales ranged from .71 to .82 with a mean of .76. When scores were grouped in categories of low, medium, and high, stability was even more dramatic. Seventy per cent of the "highs" remained "high," fifty per cent of the "mediums" remained "medium," and seventy per cent of the "lows" remained "low." The probability of an individual jumping from the "highs" to the "lows" or from the "lows" to the "highs" was only about ten per cent.

TABLE 5. Reproducibility of FIRO–B Scales

Scale	Reproducibility	Number of Subjects
e^I	.94	1615
w^I	.94	1582
e^C	.93	1554
w^C	.94	1574
e^A	.94	1467
w^A	.94	1467
Mean	.94	1543

TABLE 6. Intercorrelations among FIRO–B Scales

	e^I	w^I	e^C	w^C	e^A	w^A	
e^I		.62	.15	.12	.46	.31	
w^I			.10	.13	.49	.48	$r_{.05}=.20$
e^C				.25	.17	.00	$r_{.01}=.26$
w^C					−.02	−.15	
e^A						.70	$N = 10$[illegible]
w^A							

The FIRO-B was administered to 108 college students in order to determine the intercorrelation of the six subscales. The results of this study are presented in the table below:

Insert Table 6 about here

Schutz summarizes these findings in the following manner: These results indicate a ". . . significant correlation between e and w for inclusion and affection, and a somewhat smaller significant correlation between the scales of I and A. The correlation is small enough so that predictions about specific individuals would be somewhat hampered by reducing the number of scales. It is important to be aware of the fact that FIRO-B contains nonindependent scales, but it seems at this point to be advantageous, from the standpoint of the theoretical meaning of each scale, to retain them in this form" (Schutz, 1960).

Reliability data for the FIRO-B is weak and sparse. Even though the test is recommended for grades 9-16 and adults, reliability data is not available for different age groups, different sexes, different races, different ages, etc. Because of the nature of the FIRO theory it is logical to assume that reliability would differ for different groups, particularly age groups up to some specific age - it is a developmentally based theory, in part. The interpersonal aspects of the theory would lead to predictions about lowered test-retest reliability for different groups, particularly transient groups such as pregnant women - it is a needs based theory, in part.

Major questions and assumptions. Lawrence Rosenfeld (1971) critiques Schutz's theory of interpersonal behavior using the FIRO-B. Rosenfield concluded that most experiments using the FIRO-B which had produced results favorable to the test was because the Es were looking at only one of three purposes Schutz had for developing the FIRO-B: applicability. The other two components of understanding and enjoying interpersonal relations had not been achieved, according to Rosenfeld. He further suggested that research aimed at these two latter ends would probably prove fruitless since only gross and weak predictions could be made from FIRO-B scores.

Three theories of group behavior, and their relationship to behavioral variables, were compared by Ryan (1968): (1) Bion's concepts of dependency, pairing, and fight or flight, (2) Bass's Orientations Inventory, and (3) Schutz's concepts of expressed and wanted aspects of the dimensions of inclusion, control, and affection. Ryan found, through the use of a canonical correlation technique, that Schutz's theoretical system demonstrated the greatest amount of generality to other theories. The E concluded that multiple methods of personality assessment would probably prove more fruitful than using single theroretical models such as the FIRO theory developed by Schutz.

Distinguishing characteristics. The FIRO-B scales are most widely used in training experiences where trainees administer the test to themselves, score the test themselves, interpret the results themselves, and use the results and interpretations and conclusions to base personal decisions upon. The FIRO-B feeds back to a person how six of his/her needs in interpersonal relationships relate to each other and how such needs relate to the same need of other persons. The FIRO-B, as its title suggests, is an attempt to make an analysis of those behaviors involved at a fundamental level of orientations in interpersonal relationships. The process of two or more persons sharing their FIRO-B test scores can be one of trusting, opening up, emphathizing, understanding, sharing, feeling, and growing. This is perhaps the most distinguishing characteristics of the FIRO-B, i.e., the use of the results to help persons understand their personalities and interpersonal relationships and to intervene in those dimensions in an active or positive way. The development and construction of the FIRO-B is not that unique, as many tests have been developed using Guttman scaling techniques. However, it is different to the degree that few personality tests are used in the way FIRO-B is used.

Desirable features. One of the most desirable features of the FIRO-B is the manner in which the results can be used during personal training experiences in human relations (see last paragraph above). The FIRO-B is also taken in a short period of time (8-15 minutes), is self-administered (individually or in groups), is easily scored (self-scored in 8-15 minutes), and interpretations, conclusions, and applications are made by the person taking the FIRO-B. The FIRO-B is also useful in helping persons with on-going interpersonal relationships (such as husband-wife, boss-employee, teacher-student) understand why they are compatible or incompatible, to what degree they are compatible or incompatible, and in what areas of interpersonal needs they are compatible or incompatible. The FIRO-B has also proven to be a useful research instrument in such settings as school personnel selection, sensitivity training groups, marriage counseling, and training of mental health paraprofessionals.

Undesirable features. The least desirable aspect of the FIRO-B scales is the negative nature of a Guttman scaling technique when applied to personality constructs. Because of the forced choice nature of the FIRO-B items and scales, a great deal of information is lost which might otherwise be useful in making fine discriminations for diagnostic purposes. The various subscales also show a relatively high degree of interaction because they are measuring some of the same variables. The fact that such little work has been done on establishing test norms for large segments of the population is an undesirable feature of the FIRO-B. This is not because the scales don't lend themselves to such norms, but because the developer of the test probably discouraged such a process by declaring that the scales could not or should not have general population norms established.

Over-all evaluation. In order to evaluate the FIRO-B in any logically and rationally understandable way, one must first evaluate the theory upon which the test is based. Since the FIRO-B purports to assess an aspect of personality, perhaps one of the most complex aspects of personality - interpersonal relationships, needs, and needs satisfaction - then the construct validity of the test becomes paramount. This would not be as difficult a task if the theoretical base of the test were founded in some well-known, well-accepted, classical theory of personality and interpersonal relationships. This is not the case with the FIRO-B, since it is based upon a new and different theoretical system developed by the author of the test - Schutz's three-dimensional theory of interpersonal behavior. The theory developed by Schutz has found fairly wide acceptance, especially among applied behavioral and social scientists who are involved in the experiential movement concerning interpersonal behavior. Perhaps the fact that Schutz developed an "open" system or theory has contributed to its acceptance. He does not purport to be giving complete coverage of the personality nor of interpersonal relationships, rather Schutz readily acknowledges that his theory (and tests) are aimed at only part of personality and interpersonal behavior and their measurement. Perhaps another factor contributing to the acceptance of FIRO theory is the eclectic manner in which Schutz put his theory together by drawing from a number of well-established theories. Schutz went to elaborate details to demonstrate how his theoretical components intersected with and enhanced components of other theoretical systems. The six needs identified by Schutz were identified by words and phrases already in general professional use. Each of these six concepts were given richer and clearer meaning by Schutz because of the way he was able to demonstrate the logical and rational relationships between seemingly disparate aspects and dimensions. This synthesis was achieved through the use of the Rule of Bayes, whereby Schutz systematically demonstrated both antecedent probability and evidential probability for each postulate and theorem in his theoretical system. Resistance to Schutz's theory must be scientific, since his theoretical constructs are ultimately based upon elaborate logical arguments.

Since the three-dimensional theory of interpersonal behavior developed by Schutz is logically and rationally sensible, legitimate, valid, and empirically sound (because it abides by the Rule of Bayes), then any test which can be demonstrated to support the theory must have construct validity (by definition). Schutz has methodically accumulated such evidence for each postulate and theorem in his system, therefore the FIRO-B does indeed measure "things" which theoretically exist - in this case, six interpersonal needs. The fact that the FIRO-B items met the rigid and rigorous requirements of the Guttman scaling procedure leads to the conclusion that it is a higly reliable test (by definition of items derived from a Guttman scaling procedure). A great deal of research has been done on the FIRO-B, so much so that Schutz is currently preparing a major revision of the text which describes FIRO theory and tests in order to incorporate the research findings into his theory (Personal communication from Dr. Schutz). Such research should go a long way in correcting the major weakness of FIRO theory and, therefore the test to measure FIRO variables (i.e., the FIRO-B): that the theory and the test are philosophically, logically, rationally valid and reliable explanations and measures of a real and present phenomenon. However, the actual empirical evidence to support the theory and test has been sparse and scattered.

Until more validity and reliability studies demonstrate the actuarial truth and worth of the FIRO-B, it probably should not be used for other than exploratory and experimental purposes. It would appear critical that national group and sub-group norms be established for the FIRO-B subscales, and that test-retest reliability be demonstrated at a high level of probability for a large and representative sample of the general population.

Even though the FIRO-B, and other FIRO scales, are currently the only tests purporting to measure the six interpersonal needs described by Schutz's FIRO theory, it is not impractical to suggest that other scales do not exist or might not be developed which would be more valid and reliable measures of these six needs. Otherwise, the FIRO-B is the best test available to assess the six interpersonal needs identified and defined by Schutz.

PRE-POST CHANGES IN FIRO-B SCORES AS A FUNCTION OF BEHAVIOR MODIFICATION OCCURRING IN T-GROUPS

DAN COWLEY

PROBLEM

The purposes of this study were (1) to determine if significant differences in FIRO-B scores would occur for T-group participants between pretests administered prior to a four-day T-group lab and posttests administered following the lab, (2) to determine if such prepost changes would not occur for control subjects and T-group trainers and cotrainers, and (3) to determine if significant relationships would exist between staff FIRO-B scores and change scores for participants.

The research hypotheses of this study were stated as follows (see Appendix A for meaning of subscripts):

$$H_1: \mu_{t1} \neq \mu_{t2} \neq \mu_{t3} \neq \mu_{t4} \neq \mu_{t5}$$

i.e., the mean FIRO-B scores for the trainers on the two pretests and three posttests would show significant differences

$$H_2: \mu_{p1} \neq \mu_{p2} \neq \mu_{p3} \neq \mu_{p4} \neq \mu_{p5}$$

i.e., the mean FIRO-B scores for the participants on the two pretests and three posttests would show significant differences

$$H_3: \mu_{c1} \neq \mu_{c2} \neq \mu_{c3} \neq \mu_{c4} \neq \mu_{c5}$$

i.e., mean FIRO-B scores for the controls on the two pretests and three posttests would show significant differences

$$H_4: \mu_{pb} - \frac{\mu_{tb} + \mu_{ta}}{2} > \mu_{pa} - \frac{\mu_{tb} + \mu_{ta}}{2}$$

i.e., the absolute value of the difference between the mean scores for the participants on the two pretests and the mean scores for the trainers on all five tests would be greater than the absolute value of the difference between the mean scores for the participants on the three posttests and the mean scores for the trainers on all five tests.

The major assumptions of the research hypotheses were that (1) trainers and controls would show no significant mean prepost change scores while (2) participants would; and, (3) that such prepost change would be related neither (4) to the mean scores on the pretests for the participants nor (5) to the mean scores on the posttests for the participants nor (6) to the mean scores of controls over all five tests; but, (7) that such prepost change scores for participants would be a function of the mean scores of trainers over all five tests, such that (8) the difference between participants' mean posttest scores and trainers' mean scores over all tests would be less than the difference between participants' mean pretest scores and trainers' mean scores over all tests.

Support for the research hypotheses and their underlying assumptions would allow for the interpretation implicit in the title of this study, i.e., that T-group trainers modify the behavior of T-group participants in such a way that posttest FIRO-B scores for participants are more similar to trainers' FIRO-B scores than are pretest FIRO-B scores for participants, but that T-group participants do not modify the behavior of other T-group participants in a way that produces a group norm set of FIRO-B scores (i.e., peer pressure conformity).

Since Lee Bradford held the first T-group in 1947 at Bethel, Maine a rapid growth and expansion of T-group training has occurred (Back, 1972; Bradford, 1964). The revolutionary nature of the T-group training movement is demonstrated in the polarized affect of proponents (Mann, 1971; Otto and Mann, 1968; Schutz, 1967; Stevens, 1971) and opponents (Houts and Serber, 1972; Lakin, 1972; Yalom and Lieberman). The human relations training movement, spawned by T-group training, has taken on the proportions of the central thesis of the "Third Force" in Pschology, i.e., Humanistic Psychology (Rogers and Stevens, 1967; Schutz, 1971).

The worth of a new theory or system in the social and behavioral sciences is often measured by the amount of research produced or generated as a result of such a new movement. T-group training has been the focus of increasing numbers of scientific publications, as documented by Cooper and Mangham (1971), Cathcart and Samovar (1970), Goldberg (1970), Golembiewski and Blumberg (1970), Napier and Gershenfeld (1973), Siroka (1971), and Solomon and Berzon (1972).

As rapidly as T-group training has expanded to touch more and more lives, in an applied sense (e.g., see N.T.L.'s Selected Reading Series), the number of theories and theorists has grown to the point of an information explosion (Bennis, 1973; Gosling, 1967; Pfeiffer and Jones, 1970, 1970; Malomud, 1975). One T-group trainer, who has touched many lives as a clinician, has developed a theory which attempts to explain the factors of persons in T-groups (Schutz, 1958; Schutz, 1967; Schutz, 1971).

Will Schutz, who has been with the T-group training movement almost since its inception, is currently serving as Director of Residential Educational Training Programs at Esalen (Big Sur, California). Schutz developed the FIRO theory for determining fundamental interpersonal relations orientations beginning in 1952 (Schutz, 1958). He later developed scales to test the various hypotheses he had concerning behaviors leading from the FIRO theory (Schutz, 1967).

FIRO is a three-dimensional theory of interpersonal behavior which elaborates upon the meaning of a phrase which Schutz quotes from his then three-year old daughter, Laurie: "people need people." (Schutz, 1958, p. 1). The two major elaborations are:

1. "People need people for three kinds of relations
    - A. Inclusion
    - b. Control
    - c. Affection"
2. "People need people to receive from, and to give to. (i.e.,) wanted behavior (and) expressed behavior" (Schutz, 1958, p. 1).

The FIRO-B scales categorize these needs in a 3 x 2 matrix:

TABLE 1. NAMES AND SYMBOLS FOR FIRO-B SCALES

	Expressed Behavior	Wanted Behavior
Inclusion	e^I I make efforts to include other people in my activities and to get them to include me in theirs. I try to belong, to join social groups, to be with people as much as possible.	w^I I want other people to include me in their activities and to invite me to belong, even if I do not make an effort to be included.
Control	e^C I try to exert control and influence over things. I take charge of things and tell other people what to do.	w^C I want others to control and influence me. I want other people to tell me what to do.
Affection	e^A I make efforts to become close to people. I express friendly and affectionate feelings and try to be personal and intimate.	w^A I want others to express friendly and affectionate feelings toward me and to try to become close to me.

(Schutz, 1967, p. 5)

Schutz takes the first 56 pages of his FIRO book (Schutz, 1958) to elaborate on this model, the next 3 pages to discuss development of the measurement instrument the next 120 pages describing postulates, theorems, and research, and the final 10 pages setting up a formal theory. Schutz is currently collecting all related research on FIRO from published and unpublished sources and preparing a new edition of his 1958 FIRO text (personal communication with author).

The FIRO scales have been tested on a wide range of subjects drawn from diverse samples of populations, with reliability and validity studies demonstrating coefficients justifying use of the scales as a valid and reliable research instrument (Schutz, 1967), but not yet reproduced enough in replications of studies to justify clinical use (Buros, The Seventh Mental Measurements Yearbook). The most significant aspects of the FIRO-B scales germaine to the current study is their Test-Retest Stability, which ranges from .71 on the "wanted control" dimension to .82 on the "expressed Inclusion" dimension (see Schutz, 1967, pp. 4-8).

A survey of the FIRO-related research and a review of the literature on FIRO-related theory suggest that, other than for reliability studies on large random samples from populations which are looking specifically for no changes over time on FIRO scores, FIRO is used as a "one-shot" assessment instrument. An implication for a novel approach, used in the current study, is to attempt to "cause" instability on Test-Retest reliability coefficients by causing change in those needs assessed by the FIRO-B scales. In this case, the change agent is hypothesized to be the experience of a T-group.

METHOD

Subjects: The Ss were 48 community college students enrolled in two-year Mental Health Technician programs in North Carolina and 24 professionals and paraprofessionals employed by the North Carolina State Department of Mental Health in geographic areas contiguous to the community colleges. The control group consisted of persons similar in profiles to the experimental Ss who had expressed an interest in attending a t-group lab but who, for unknown reasons, were not able to attend the lab concerned with in this study.

Apparatus: The FIRO-B, as developed by William C. Schutz and published by the Consulting Psychologist Press, Inc. (1967), was administered as a paper and pencil test on five different occasions. The FIRO-B is designed to measure "a person's characteristic behavior toward other people in areas of inclusion, control, and affection....not only to measure individual characteristics but also to assess relationships between people, such as compatibility." (The FIRO Scales Manual, 1967). The FIRO-B letters stand for Fundamental Interpersonal Relations Orientation-Behavior and it attempts to measure both the "expressed" and "wanted" dimensions of the three needs discussed earlier. The FIRO-B scales produce six sets of individual scores for each S, plus six sets of totals from the 2X3 cell matrix for individual scores. Thus, a total of 12 cell means are produced for analysis within and between the groups.

Procedure: The FIRO-B was administered 30 days prior to the T-group lab via mail to all subjects as Pretest #1 (T1). The second pretest (T2) was administered individually within a group to all lab participants during the first hour of the 4-day T-group lab. The first posttest (T3) was administered in the same manner as the second pretest, but during the last hour of lab. Posttest #2 (T4) was administered in the same manner as Pretest #1, except 30 days after the lab. The follow-up study (T5) was carried out via mail to all Ss 9 months after the lab.

The procedures involved in designing and carrying out the lab were modeled after the "Basic Human Interaction" T-group labs generally associated with the National Training Laboratories of Washington, D. C. The nine staff members were trained as T-group trainers within the general context of the N.T.L. model. Since the T-group-type training lab experience is well-documented elsewhere (for example, see the Bibliography section of this paper) and beyond the scope of this paper, it will not be discussed here. Readers interested in more specific details of the design and staffing of the lab referred to in this study may inquire directly of the author.

RESULTS

The means on FIRO-B scores for Groups and T-groups over the five Test Times are given in Tables 1 and 2. A test of significance of the difference between the means presented in Tables 1 and 2 is shown in an analysis of variance table (Table 3) and the differences in means for the Groups are graphed in Graph 1. The ANOVA showed significant main effects for Time ($F = 2.76$ for 4 df $p < .05$) and Column ($F = 9.38$ for 2 df $p < .01$) and four significant interactions.

The Tukey Test was applied to determine the source of the significant main effect for Time (Tables 4 and 5), and it can be seen that only prepost change scores over the five test times for participants (G2) were significant. Tukey Tests for trainers and controls (Tables 5 and 6) showed no significant comparisons for any of the five test times, whereas three significant comparisons were shown for participants (Table 7). Significant differences were shown for participants between Test Times 1 and 3, Test Times 2 and 3, and Test Times 2 and 4, where each of these comparisons is for a pretest score versus a posttest score.

Even though Graph 1 appears to indicate linear trends, it can be seen from the ANOVA tables for the Linear Trend Analysis (Tables 9, 10, 11) that no significant trends were shown.

Inspection of the differences between the means (Tables 1, 2, and 3) over the five test times showed that two T-groups were responsible for the main effect of significance for Time, i.e., T-groups #2 and #6, (Scheffé F-ratio necessary = 3.81 for $p < .05$). When the same Scheffé test was applied to a comparison of the first four Test Times (omitting the 9-month follow-up test), only one T-group showed a significant difference between the Pretest average and the Posttest average, i.e., T-group #2.

TABLE 1

Means of Groups for Average Scores on FIOR-B by Test Time

		Group 1 (Trainers)	Group 2 (Participants)	Group 3 (Controls)	Average (Overall)
Test Time	1	3.6296	3.6378	4.0208	3.7165
	2	3.3889	3.5545	4.0625	3.6407
	3	3.4630	4.0673	4.0521	3.9935
	4	3.2407	3.9167	4.0833	3.8723
	5	3.5370	3.7436	3.8229	3.7359
Average (overall)		3.4519	3.7840	4.0083	3.7918

TABLE 2

Means of T-groups (Within Group 2) for Average Scores on FIRO-B by Test Time

		T-Group						
		1	2	3	4	5	6	Average
Test Time	1	3.4583	3.6389	3.7083	3.2708	4.1481	3.5926	3.6458
	2	3.0417	3.7143	3.5000	3.3704	3.8333	3.7963	3.5467
	3	4.5476	4.3611	3.8571	4.1852	4.1458	3.8056	4.1550
	4	5.0333	3.2381	3.7083	3.3750	4.2917	4.0000	3.9298
	5	3.4583	3.8889	3.8810	4.1667	4.2000	2.9333	3.7180
Average		3.8390	3.7356	3.7237	3.6250	4.1111	3.6571	3.7902

Graph 1. Group Overall FIRO-B Score Means as a Function of Test Time

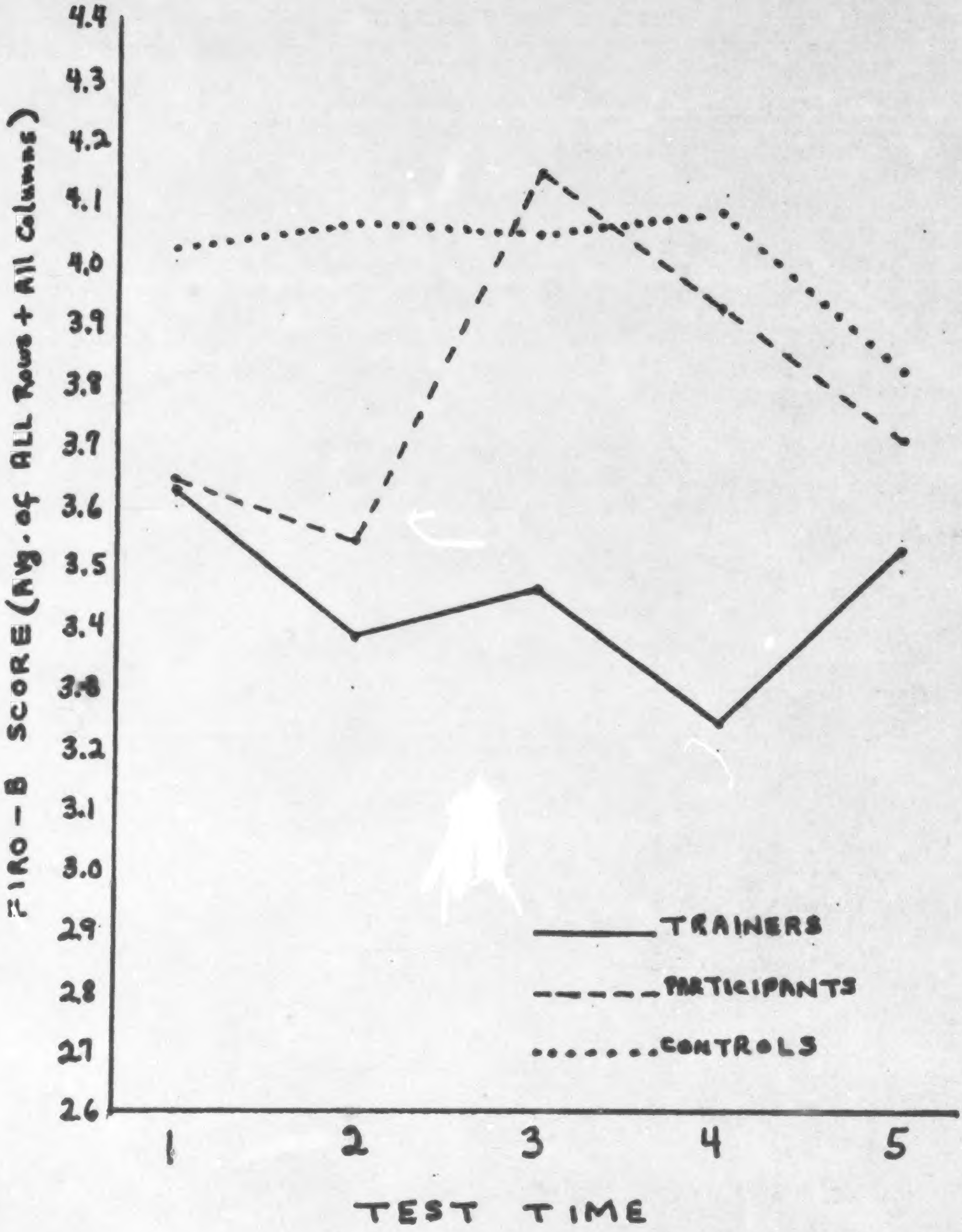


TABLE 3

Analysis of Variance: Four Factors Test For
Main Effects On Variable Y=FIRO-B Scores

Source	df	SS	MS	F
Group	2	54	27	0.50
Time	4	36	9	2.76**
Group*Time	8	27	3	1.02
R	1	8	8	0.53
Group*R	2	79	40	2.75*
C	2	537	268	9.38***
Group*C	4	270	67	2.36*
Time*R	4	12	3	2.42**
Group*Time*R	8	12	2	1.21
Time*C	8	10	1	0.79
Group*Time*C	16	15	1	0.57
R*C	2	480	240	19.53***
Group*R*C	4	43	11	0.88
Time*R*C	8	13	2	1.23
Group*Time*R*C	16	17	1	0.78
C. Total	2309	15,791	7	

Note. - Denominators and accompanying degrees of freedom are listed in Appendix

*$p < .10$, ** $p < .05$, *** $p < .01$

TABLE 4

Tukey Test For Comparing Mean Prestest Scores vs. Mean Posttest Scores By Groups and Average

(j,j')		$\hat{\Psi}$	SE $(\hat{\Psi})$	q
Trainers:	3.51 - 3.35 =	0.16	0.39	0.41
Participants:	3.60 - 3.99 =	-0.40	0.16	2.47*
Controls:	4.04 - 4.07 =	-0.03	0.29	0.09
Average:	3.68 - 3.93 =	-0.25	0.13	1.93
			$_{.90}q_{2,102}$	= 2.350

Note. - Test Times 1 and 2 have been averaged and compared with the average for Test Times 3 and 4 for Groups; df for q are shown only for Group 2 or Trainers.

TABLE 5

Tukey Tests For Comparing Test Times
1-5 For Groups 1-3 = All Subjects

(j,j')	$\hat{\psi}$	$SE(\hat{\psi})$	q
(1,2)	0.0758	0.0845	0.897
(1,3)	-0.2770	↓	3.280
(1,4)	-0.1558		1.845
(1,5)	-0.0194		0.230
(2,3)	-0.3528		4.177*
(2.4)	-0.2316		2.742
(2,5)	-0.0952		1.127
(3,4)	0.1212		1.435
(3,5)	0.2576		3.050
(4,5)	0.1364		1.615

$${}_{.90}q_{5,380} = 3.478$$

where: j

1 = Groups 1,2,3, Time 1
2 = Groups 1,2,3, Time 2
3 = Groups 1,2,3, Time 3
4 = Groups 1,2,3, Time 4
5 = Groups 1,2,3, Time 5

TABLE 6

Tukey Tests For Comparing Test

Times 1-5 For Group 1 = Trainers

(j,j')	$\hat{\psi}$	SE$(\hat{\psi})$	q
(1,2)	0.2407	0.2471	0.9743
(1,3)	0.1666		0.6743
(1,4)	0.3889		1.5741
(1,5)	0.0926		0.3748
(2,3)	-0.9741		0.3000
(2,4)	0.1482		0.6000
(2,5)	-0.1481		0.5995
(3,4)	0.2223		0.8998
(3,5)	-0.0740		0.2995
(4,5)	-0.2963		1.1993

$_{.90}q_{5,40} = 3.605$

where: j

1 = Group 1, Time 1
2 = Group 1, Time 2
3 = Group 1, Time 3
4 = Group 1, Time 4
5 = Group 1, Time 5

TABLE 7

Tukey Tests For Comparing Test Times 1-5 For Group 3 [illegible] Controls

(j,j')	$\hat{\psi}$	SE$(\hat{\psi})$	q
(1,2)	-0.0417	0.1853	0.225
(1,3)	-0.0313		0.169
(1,4)	-0.0625		0.337
(1,5)	0.1979		0.068
(2,3)	0.0104		0.056
(2,4)	-0.0208		0.112
(2,5)	0.2396		0.293
(3,4)	-0.0312		0.168
(3,5)	0.2292		0.237
(4,5)	0.2604		0.405

$$_{.90}q_{5,75} = 3.555$$

where: j

1 = Group 3, Time 1
2 = Group 3, Time 2
3 = Group 3, Time 3
4 = Group 3, Time 4
5 = Group 3, Time 5

TABLE 8

Tukey Tests For Comparing Test Times

1-5 For Group 2 = Participants

(j,j')	$\hat{\psi}$	$SE(\hat{\psi})$	q
(1,2)	0.0833	0.1028	0.811
(1,3)	-0.4295		4.179*
(1,4)	-0.2789		2.714
(1,5)	-0.1058		1.029
(2,3)	-0.5128		4.989*
(2,4)	-0.3622		3.524*
(2,5)	-0.1891		1.840
(3,4)	0.1506		1.465
(3,5)	0.3237		3.149
(4,5)	0.1731		1.684

$${}_{.90}q_{5,255} = 3.478$$

where: j

1 = Group 2, Time 1
2 = Group 2, Time 2
3 = Group 2, Time 3
4 = Group 2, Time 4
5 = Group 2, Time 5

TABLE 9

Analysis of Variance: Linear Trend Analysis Of Group 1 On Variable Y

Source	df	SS	MS	F
Time	4	36.4043	9.101082	2.761
Linear	1	0.1000	0.1000	<1
Quadratic	1	0.3887	0.3887	<1
Cubic	1	0.0374	0.0374	<1
Quartic	1	0.02615	0.2615	<1
ID*TIME (Group)	296	975.6084	3.295974	
C. Total	300	1,012.0127		

$_{.95}F_{4,296} = 2.37$

TABLE 10

Analysis of Variance: Linear Trend Analysis Of Group 2 On Variable Y

Source	df	SS	MS	F
Time	4	36.4043	9.101082	2.761
Linear	1	1.4475	1.4475	<1
Quadratic	1	4.1655	4.1655	1.2638
Cubic	1	2.5060	2.5060	0.7603
Quartic	1	4.2341	4.2341	1.2846
ID*TIME (Group)	296	975.6084	3.295974	
C. Total	300	1,012.0127		

$_{.95}F_{4,296} = 2.37$

TABLE 11

Analysis of Variance: Linear Trend Analysis Of Group 3 On Variable Y

Source	df	SS	MS	F
Time	4	36.4043	9.101082	2.761
Linear	1	0.225	0.2250	<1
Quadratic	1	0.3617	0.3617	<1
Cubic	1	0.0918	0.0918	<1
Quartic	1	0.0417	0.0417	<1
ID*TIME (Group)	296	975.6084	3.295974	
C. Total	300	1,012.0127		

$${}_{.95}\mathcal{F}_{4,296} = 2.37$$

TABLE 12

Scheffe´ Tests Comparing Average Pretest and Average Posttest Plus Follow-up Test Difference Scores For Individual T-Groups

T-Group Number	Contrasts Within T-Groups	$\hat{\psi}$	$\hat{\sigma}_{\hat{\psi}}$	$\hat{\psi}/\hat{\sigma}_{\hat{\psi}}$
2	$\frac{u_1+u_2}{2} - \frac{u_3+u_4+u_5}{3} =$	-1.096428615	0.0529	20.7206 *
3	↓	-0.152777808	0.0726	2.1048
4		-0.211309515	0.1211	1.7454
5		-0.588348795	0.1775	3.3150
6		1.160184909	0.0699	16.5930 *
7		0.114815912	0.0548	2.0963

$$\sqrt{(4)\ {}_{.95}F_{4,9}} = \sqrt{(4)(3.633)} = 3.81\ *$$

Note. - This analysis is for unequal n's, whereby only actual raw data is used for each Test Time; Ss are not matched from Test Time to Test Time, only T-group averages are analyzed.

where:

u_1 = Pretest #1 (T1)

u_2 = Pretest #2 (T2)

u_3 = Posttest #1 (T3)

u_4 = Posttest #2 (T4)

u_5 = Follow-up Test #1 (T5)

TABLE 13

Scheffé Tests Comparing Average Pretest And Average Posttest Difference Scores For Individual T-Groups

Contrasts Within T-Groups			$\hat{\psi}$	$\hat{\sigma}_{\hat{\psi}}$	$\hat{\psi}/\hat{\sigma}_{\hat{\psi}}$
T-Group Number	2	$\frac{u_1+u_2}{2} - \frac{u_3+u_4}{2} =$	-1.54032	0.1414	10.8917
	3	↓	-0.12295	0	0.0
	4		-0.17850	0.0621	2.8768
	5		-0.45960	0.1643	2.7970
	6		-0.22850	0.0775	2.9500
	7		-0.21035	0.1549	1.3578

$$\sqrt{(3)\ {}_{.95}F_{3,\infty}} = \sqrt{(3)(3.14)} = 3.15^*$$

Note. - This analysis is for unequal n's, whereby only actual raw data is used for each Test Time; Ss are not matched from Test Time to Test Time, only T-group averages are analyzed.

where:

u_1 = Pretest #1 (T1)

u_2 = Pretest #2 (T2)

u_3 = Posttest #1 (T3)

u_4 = Posttest #2 (T4)

For significant interactions produced in the overall analysis of variance, the Scheffe and Tukey Tests were employed to determine the source of the significant interaction effects. The results of these post hoc analyses are shown in Tables 14-17. For the Group*R interaction, four comparisons were significant, i.e., the average for Group 1, Row 1 and Group 1, Row 2 against the average for Group 3, Row 1 and Group 3, Row 2; Group 1, Row 2 versus Group 3, Row 2; Group 1, Row 2 versus Group 3, Row 1; and Group 2, Row 1 versus Group 3, Row 2 (Table 14).

The Scheffe Test showed that only two comparisons for the Group*Column interaction were significant, i.e., Group 1, Column 1 versus Group 3, Column 3 and Group 2, Column 2 versus Group 3, Column 3 (Table 15). For the Time*R interaction, the Tukey Test showed two significant comparisons, i.e., Time 2, Row 1 plus Time 2, Row 2 versus Time 3, Row 1 plus Time 3, Row 2 (Table 16).

The factor gaining the highest level of significance in the overall ANOVA ($p < .0001$) was the Row by Column interaction. The Tukey Test for post hoc comparison of means showed eleven significant comparisons, with Row 1, Column 2 versus Row 2, Column 3 and Row 1, Column 1 versus Row 1, Column 2 gaining the highest degree of significance (Table 17).

A simple comparison of means showed that the average scores of an average participant were more different in absolute value to the average scores of an average trainer after the lab than before the T-group training experience.

TABLE 14

Scheffe´ Tests Comparing Groups and R's to Determine Group By R Interaction Source

Contrast	$\hat{\Psi}$	$\hat{\sigma}_{\hat{\Psi}}$	$\hat{\Psi}/\hat{\sigma}_{\hat{\Psi}}$
$\frac{u_1+u_2}{2} - \frac{u_3+u_4+u_5+u_6}{4} =$	-0.4443	0.2087	2.1290
$\frac{u_3+u_4}{2} - \frac{u_1+u_2+u_5+u_6}{4} =$	0.0539	0.1077	0.5005
$\frac{u_5+u_6}{2} - \frac{u_1+u_2+u_3+u_4}{4} =$	0.3833	0.1199	3.1978
$\frac{u_1+u_3+u_5}{3} - \frac{u_2+u_4+u_6}{3} =$	0.1000	0.0000	0.0000
$\frac{u_1+u_2}{2} - \frac{u_5+u_6}{2} =$	-0.5565	0.1528	3.6420 *
$u_2 - u_6 =$	-1.1843	0.21609	5.4806 *
$u_2 - u_3 =$	-0.6708	0.2971	2.2580
$u_2 - u_4 =$	-0.8823	0.2971	2.9699
$u_2 - u_5 =$	-0.8176	0.2161	3.7836 *
$u_3 - u_6 =$	-0.5135	0.1359	3.7781 *
$u_4 - u_6 =$	-0.3019	0.1359	2.2213
$u_1 - u_3 =$	0.2181	0.2971	0.7341
$u_1 - u_6 =$	-0.2954	0.2161	1.3670

$\sqrt{(5)\ {}_{.95}F_{5,\infty}} = \sqrt{(5)(2.21)} = 3.324$

where:

u_1 = Group 1, Row 1 u_2 = Group 1, Row 2

Table 14 (continued)

u_3 = Group 2, Row 1

u_4 = Group 2, Row 2

u_5 = Group 3, Row 1

u_6 = Group 3, Row 2

TABLE 15

Scheffe´ Tests For Comparisons of Groups By Columns To Determine Source of Significant Interaction Effects

Contrast	$\hat{\psi}$	$\hat{\sigma}_{\hat{\psi}}$	$\hat{\psi}/\hat{\sigma}_{\hat{\psi}}$
$\frac{u_1+u_2+u_3}{3} - \frac{u_4+u_5+u_6}{3} =$	-0.3670	0.2960	1.2400
$\frac{u_1+u_2+u_3}{3} - \frac{u_7+u_8+u_9}{3} =$	-0.6000	0.2153	2.7872
$\frac{u_4+u_5+u_6}{3} - \frac{u_7+u_8+u_9}{3} =$	-0.2333	0.2025	1.1522
$u_1 - u_4 =$	-1.6	0.51	3.12
$u_1 - u_5 =$	-0.3	0.51	0.59
$u_1 - u_6 =$	-1.7	0.51	3.32
$u_1 - u_7 =$	-1.4	0.37	3.75
$u_1 - u_8 =$	-1.2	0.37	3.22
$u_1 - u_9 =$	-1.7	0.37	4.51 *
$u_2 - u_4 =$	-0.5	0.51	0.98
$u_2 - u_5 =$	0.8	0.51	1.56
$u_2 - u_6 =$	-0.6	0.51	1.17
$u_2 - u_7 =$	-0.3	0.37	0.81
$u_2 - u_8 =$	-0.1	0.37	0.27
$u_2 - u_9 =$	-0.6	0.37	1.61
$u_3 - u_4 =$	-0.2	0.51	0.39
$u_3 - u_5 =$	1.1	0.51	2.15
$u_3 - u_6 =$	-0.3	0.51	0.59

TABLE 15 (continued)

Contrast		$\hat{\psi}$	$\hat{\sigma}_{\hat{\psi}}$	$\hat{\psi}/\hat{\sigma}_{\hat{\psi}}$
$u_3 - u_7$	=	0	0.37	0
$u_3 - u_8$	=	0.2	0.37	0.54
$u_3 - u_9$	=	-0.3	0.37	0.81
$u_4 - u_7$	=	0.2	0.35	0.57
$u_4 - u_8$	=	0.4	0.35	1.14
$u_4 - u_9$	=	-0.1	0.35	0.28
$u_5 - u_7$	=	-1.1	0.35	3.12
$u_5 - u_8$	=	-0.9	0.35	2.56
$u_5 - u_9$	=	-1.4	0.35	4.09 *
$u_6 - u_7$	=	0.3	0.35	0.85
$u_6 - u_8$	=	0.5	0.35	1.42
$u_6 - u_9$	=	0	0.35	0

$$\sqrt{(8)\ {}_{.95}F_{8,\infty}} = \sqrt{(8)(1.94)} = 3.940$$

where:

u_1 = Group 1, Column 1

u_2 = Group 1, Column 2

u_3 = Group 1, Column 3

u_4 = Group 2, Column 1

u_5 = Group 2, Column 2

u_6 = Group 2, Column 3

u_7 = Group 3, Column 1

u_8 = Group 3, Column 2

u_9 = Group 3, Column 3

TABLE 16

Tukey Test For Comparing Test Times vs. R's

(j,j')	$\hat{\psi}$	SE$(\hat{\psi})$	q
(1+2,3+4)	0.07575	0.07260	1.04
(1+2,5+6)	-0.27710		3.82
(1+2,7+8)	-0.15585		2.15
(1+2,9+10)	-0.0195		0.27
(3+4,5+6)	-0.35285		4.86*
(3+4,7+8)	-0.2316		3.19
(3+4,9+10)	-0.09525		1.31
(5+6,7+8)	0.12125		1.67
(5+6,9+10)	0.2576		3.55
(7+8,9+10)	0.13635		1.88
(1+2+3+4,5+6+7+8+9+10)	-0.1887		2.60
(1+2+3+4,5+6+7+8)	-0.2544		3.50
(1+3+5+7+9,2+4+6+8)	-0.1152		1.59
(3,6)	-0.5715		7.87*

$_{.90}q_{10,\infty} = 4.129$

where: j

1 = Time 1, Row 1
2 = Time 1, Row 2
3 = Time 2, Row 1
4 = Time 2, Row 2
5 = Time 3, Row 1
6 = Time 3, Row 2
7 = Time 4, Row 1
8 = Time 4, Row 2
9 = Time 5, Row 1
10 = Time 5, Row 2

TABLE 17

Tukey Test For Comparing Rows vs. Columns to Determine Source of Significant Interaction Effects

(j,j')	$\hat{\psi}$	SE$(\hat{\psi})$	q
(1,2)	1.8416	0.17872	10.31*
(1,3)	0.5299		2.97
(1,4)	1.1611		6.50*
(1,5)	0.9273		5.19*
(1,6)	-0.0623		0.35
(2,3)	-1.3117		7.34*
(2,4)	-0.6805		3.81*
(2,5)	-0.9143		5.12*
(2,6)	-1.9039		10.65*
(3,4)	0.6312		3.53
(3,5)	0.3974		2.22
(3,6)	-0.5922		3.31
(4,5)	-0.2338		1.31
(4,6)	-1.2234		6,85*
(5,6)	-0.9896		5.54*
(1+2+3,4+5+6)	-0.1151		0.64
(1+4,2+5)	0.8039		4.50*
(1+4,3+6)	-0.34675		1.94
(2+5,3+6)	-1.15065		6.44*

$_{.90}q_{6,\infty} = 3.661$

where: j

1 = Row 1, Column 1
2 = Row 1, Column 2
3 = Row 1, Column 3
4 = Row 2, Column 1
5 = Row 2, Column 2
6 = Row 2, Column 3

DISCUSSION

It was concluded that exposure to a four-day T-group training experience causes participants to score significantly differently on the FIRO-B scales, as compared with control subjects and T-group trainers in such a lab who showed no significant differences in pretest versus posttest scores.

It was concluded that the four significant interactions found in the main effects test were caused by pretest scores and posttest scores confounding each other as variables, particularly differences between scores 30 days prior to the lab and scores 9 months after the lab.

It was concluded that in the case of comparing average scores for average participants and average trainers, participants' scores are more like the trainers' scores before a T-group lab than after such a training experience.

The results indicate a need for further and more extensive research on T-groups using the FIRO-B scales. Other tests with established reliability and validity coefficients should be used in conjunction with the FIRO-B scales to strengthen coefficients for the Schutz inventory of interpersonal needs.

BIBLIOGRAPHY

Back, Kurt W. Beyond Words: The Story of Sensitivity Training and the Encounter Movement. New York: Russell Sage Foundation, 1972.

Bennis, Warren G., and others. Interpersonal Dynamics--Essays and readings on human interaction. Homewood, Illinois: The Dorsey Press, 1973.

Bonner, Hubert. Group Dynamics: Principles and Applications. New York: The Ronald Press Co., 1959.

Bormann, Ernest g. and Nancy C. Bormann. Effective Small Group Communication. Minneapolis: Burgess Publishing Co., 1972.

Bradford, Leland P. and others (eds.). T-Group Theory and Laboratory Method. New York: John Wiley & Sons, Inc., 1964.

Burton, Arthur (ed.). Encounter: The Theory and Practice of Encounter Groups. San Francisco; Jossey-Bass Inc., 1970.

Cathcart, Robert S. and Larry A. Samovar. Small Group Communication: A Reader. Dubuque, Iowa: William C. Brown Company Publishers, 1970.

Cooper, C. L. and Mangham (Eds.). T-Groups: A Survey of Research. New York: Wiley-Interscience, 1971.

Culbert, Samuel A. The Interpersonal Process of Self Disclosure: It Takes Two to See One. Washington: NTL Institute for Applied Behavioral Science, 1968.

Egan, Gerald. Encounter: Group Processes for Interpersonal Growth. (Belmont, Calif.: Brooks/Cole Publishing Company).

Goldberg, Carl. Encounter: Group Sensitivity Training Experience. New York: Science House, Inc., 1970.

Golembiewshi, Robert T. and Arthur Blumberg. Sensitivity Training and the Laboratory Approach. Itasca, Illinois: F. E. Peacock Publishers, Inc., 1970.

Gosling, R. and others. The Use of Small Groups in Training. Hitchin, England: Codicote Press, LTD., 1967.

Group Development. Selected Readings Series One. Washington: NTL Institute for Applied Behavioral Science, 1961.

Hall, D. M. Dynamics of Group Action. (Illinois: The Interstate Printers and Publishers), 1964.

Houts, Peter S. and Michael Serber (Eds.). After the Turn On, What? Champaign, Illinois: Research Press Company, 1972.

Issues in Training, Selected Reading Series. Washington: NTL Institute For Applied Behavioral Science, 1962.

Jung, Charles and others. Interpersonal Communications. Portland: Northwest Regional Educational Laboratory, 1971.

Lakin, Martin. Interpersonal Encounter: Theory and Practice in Sensitivity Training. New York: McGraw Hill Book Co., 1972.

Luft, Joseph. Group Processes: An Introduction to Group Dynamics. Palo Alto: National Press Books, 1963.

Luft, Joseph. Of Human Interaction. Palo Alto: National Press Books, 1969.

Malamud, Daniel I. Toward Self-Understanding, Group Techniques in Self-Confrontation. Springfield: Charles C. Thomas Publisher, 1965.

Mann, John. Encounter: A Weekend with Intimate Strangers. New York: Pocket Books, 1971.

Mill, Cyril R. (Ed.). Selections from Human Relations Training News. Washington: NTL Institute for Applied Behavioral Science, 1969.

Napier, Rodney W. and Matti K. Gershenfeld. Groups: Theory and Experience. Boston: Houghton Mifflin Co., 1973.

Nyler, Donald, and others. Handbook of Staff Development and Human Relations Training: Materials Developed for Use in Africa. NTL Institute for Applied Behavioral Science, 1967.

Otto, Herbert A. and John Mann. Ways of Growth. New York: The Viking Press, 1968.

Pfeiffer, J. William and John E. Jones. A Handbook of Structured Experiences for Human Relations Training. Volumes I - IV. Iowa City: University Associates Press, 1970.

Pfeiffer, J. William and Richard Heslin. Instrumentation in Human Relations Training. Iowa: University Associates, 1973.

Rogers, Carl R. Carl Rogers on Encounter Groups. New York: Harper & Row, 1970.

Rogers, Carl R. and Barry Stevens. Person to Person: The Problem of Being Human-A New Trend in Psychology. Lafayette, California: Real People Press, 1967.

Schutz, William C. FIRO: A Three-Dimensional Theory of Interpersonal Behavior. New York: Holt, Rinehart and Winston, 1958.

Schutz, William C. Here Comes Everybody. New York: Harper & Row, Publishers, 1971.

Schutz, William C. JOY--Expanding Human Awareness. New York: Grove Press, Inc., 1967.

Schutz, William C. The FIRO Scales Manual. Consulting Psychologists Press, Inc., 1967.

Siegman, Aron Wolfe and Benjamin Pope. Studies in Dyadic Communication. New York: Pergamon Press, 1972.

Siroka, Robert W. and others (Eds.). Sensitivity Training and Group Encounter: An Introduction. New York: Grosset & Dunlap, 1971.

Solomon, Lawrence N. and Betty Beraon (Eds.). New Perspectives on Encounter Groups. San Francisco: Jossey-Bass inc., 1972.

Stevens, John O. Awareness: Exploring, Experimenting, Experiencing. (Moab, Utah: Real People Press), 1971.

Wheeler, Ladd. Interpersonal Influence. Boston: Allyn and Bacon, Inc., 1970.

Yalom, Irvin D. and Morton A. Lieberman. A Study of Encounter Group Casualties.

APPENDIX A

u_{t1} = mean FIRO-B scores on pretest #1 for trainers and cotrainers

u_{t2} = mean FIRO-B scores on pretest #2 for trainers and cotrainers

$u_{tb} = \dfrac{u_{t1} + u_{t2}}{2}$ = mean FIRO-B scores on pretests #1 and #2 for trainers and cotrainers

u_{t3} = mean FIRO-B scores on posttest #1 for trainers and cotrainers

u_{t4} = mean FIRO-B scores on posttest #2 for trainers and cotrainers

u_{t5} = mean FIRO-B scores on follow-up test #1 for trainers and cotrainers

$u_{ta} = \dfrac{ut3 + u_{t4} + u_{t5}}{3}$ = mean FIRO-B scores on posttests #1 and #2 and follow-up test #1 for trainers and cotrainers

$u_{tc} = u_{tb} - u_{ta}$ = mean FIRO-B prepost change scores on all five tests for trainers and cotrainers

u_{p1} = mean FIRO-B scores on pretest #1 for participants

u_{p2} = mean FIRO-B scores on pretest #2 for participants

u_{pb} = mean FIRO-B scores on pretests #1 and #2 for participants

u_{p3} = mean FIRO-B scores on posttest #1 for participants

u_{p4} = mean FIRO-B scores on posttest #2 for participants

u_{p5} = mean FIRO-B scores on follow-up test #1 for participants

u_{pa} = mean FIRO-B scores on posttests #1 and #2 and follow-up test #1 for participants

u_{pc} = mean FIRO-B prepost change scores on all five tests for participants

u_{c1} = mean FIRO-B scores on pretest #1 for controls

u_{c2} = mean FIRO-B scores on pretest #2 for controls

u_{cb} = mean FIRO-B scores on pretests #1 and #2 for controls

u_{c3} = mean FIRO-B scores on posttest #1 for controls

u_{c4} = mean FIRO-B scores on posttest #2 for controls

u_{c5} = mean FIRO-B scores on follow-up test #1 for controls

u_{ca} = mean FIRO-B scores on posttests #1 and #2 and follow-up test #1 for controls

u_{cc} = mean FIRO-B prepost change scores on all five tests for controls

CHAPTER 11

EVALUATION

Evaluation

"The effectiveness of the total program and its related activities (would) be the performance of graduates on the job. The Advisory Committee (was to consist) primarily of practitioners who would be in direct contact with graduates." The Advisory Committee was to meet on a quarterly basis to evaluate the curriculum. The instructors were to meet quarterly with the program director to evaluate instructional objectives for each course. Students were to evaluate the effectiveness of instruction. Faculty would be expected to be involved in community mental health activities, providing a source of input to program evaluation.

Accountability for the Effectiveness of Educational Programs

WHEREAS, Wayne Community College exists to provide maximum educational and training opportunities for all persons desirous of improving themselves;

WHEREAS, Wayne Community College maintains an open door philosophy with individuals entering at different achievement levels and learning at different rates and in different ways;

WHEREAS, we believe that an educational institution ought to be evaluated on the basis of what it does for and with students;

NOW, THEREFORE, BE IT RESOLVED that Wayne Community College

1. Accepts the challenge of accountability: that is, that the Board of Trustees, the Administration, and the Faculty accept the responsibility for providing the maximum learning experiences;
2. Continues to develop an instructional program which reflects the need of students by accommodating individual differences;
3. Accepts each learner where he is and assists him in becoming all that he is capable of becoming;
4. Involves the entire community in continual refinement of the institutional programs to maximize the resources available to more effectively meet the needs of the students and the community.

(G.O.A.L.S.) Study

The effectiveness of the educational programs in relation to the purpose of the institution is continually reviewed by the Board of Trustees. Recently a formal effort was made which subjected the statement of purpose to additional critical review. A pilot study entitled "Goal Setting for Organizational Accountability: A Leadership Strategy" (G.O.A.L.S.) was conducted by the National Laboratory for Higher Education. This study investigated the overall discrepancies between purpose and fulfillment and analyzed the internal school and departmental functions in relation to purpose. It also examined the relationship between services rendered and the needs of the residents in the surrounding area.

The 276 participants included students, members of the community at large, faculty, staff, administrators and Trustees of Wayne Community College. In the final analysis, there was complete agreement on three of the six institutional program goals. Operating a two-year degree technical program and operating one- or two-year vocational programs were of first and second priority, and operating a community service program was ranked sixth. The faculty and students agreed that a college transfer program was of third importance, while many of the trustees and administrators rated adult education third. The faculty, staff and trustees agreed that a continuing education program was of fifth importance, while the students ranked the program fourth.

There was nearly complete agreement on the four most important instructional ends; raising the level of vocational achievement, increasing basic knowledge, increasing basic skills, and increasing problem solving ability. The students and faculty highly rated raising the level of education achievement. The students, trustees and administrators placed high importance on assisting the student in the choice of a major or career. The faculty, administration and trustees also stressed improving the self-concept of the student. Finally, the students selected improvement of critical thinking ability as a goal of major significance.

The third area of goal selection was from 17 administrative means to achieve the program and instructional goals. Here again, there was almost total agreement in four areas; hiring personnel dedicated to student learning, providing an environment conducive to student learning, allocating funds in accordance with priorities to meet established goals, and insuring that tuition costs do not provide a barrier to qualified students. Students listed as a fifth priority insuring that all eligible persons receive adequate financial aid. The faculty, staff and trustees stressed the need for planning for long range development. There was much agreement on the next four priorities. They are as follows: insuring that all personnel connected with the college have an opportunity to participate in decision making; evaluating the progress of the college toward stated goals; producing innovative change; and developing individualized courses with a special prescription for each student.

To summarize the results of the study, the goals of extremely high importance are listed below.

A. Institutional Purpose
   1. Operating a two-year degree technical program
   2. Operating one- or two-year vocational programs

B. Instructional Ends
   1. Raising level of vocational achievement
   2. Increasing basic knowledge
   3. Increasing basic skills
   4. Increasing problem-solving ability

C. Administrative Means
   1. Hiring personnel dedicated to student learning
   2. Providing an environment conducive to student learning
   3. Allocating funds in accordance with priorities to meet established goals
   4. Insuring that tuition costs do not provide a barrier to qualified students

MENTAL HEALTH ASSOCIATES IN NORTH CAROLINA: A COMPARISON OF PROGRAMS AND GRADUATES

Robert D. Cowley

Wayne Community College

Abstract

Mental Health Associate Programs began in North Carolina in 1968 and have graduated approximately 400 persons from 7 different programs since that time. The current study surveyed 100 graduates from 6 of these programs, using an adaptation of the "Graduate Survey Form" developed by McPheeters and Brazzell (S.R.E.B., 1974), and a copy of the MHA program at Wayne Community College. Correlations on 58 variables between graduates from Wayne and all graduates ranged from +.88 to +.94. The study showed that graduates are performing the functions their programs trained them to but that they are not being paid an equitable salary for the jobs they are performing. It was also shown that graduates represent a diverse population concerning age, race, sex, previous work experience, reasons for career choice, and other important demographic and social variables. The results indicate the need for more flexible employment practices by human services agencies concerning Mental Health Associates.

MENTAL HEALTH ASSOCIATES
IN NORTH CAROLINA:
A COMPARISON OF
PROGRAMS AND GRADUATES

Robert D. Cowley

Wayne Community College

Introduction

Since the founding of the first Mental Health Associate program in North Carolina in 1968 at Sandhills Community College in Pinehurst, at least six other such training programs have begun and flourished across the State. Human Services educators and Mental Health administrators alike have continued to ask highly relevant questions concerning Mental Health Associates and their education and job performance. One of the main reasons these questions have gone unanswered is that persons directly involved in these programs have been investing all of their time in recruiting, training, and placement of M.H.A.'s--leaving little or no time to inventory the process or the impact. The present study attempted to answer a plethora of questions pertinent to both M.H.A. training programs and the utilization of M.H.A.'s within the Human Services/Mental Health system of North Carolina. As part of a Final Project Report, the study analyzes the program at Wayne Community College separately from the others, compares them, and analyzes all of them together.

Method

Subjects: One hundred graduates of six of the seven Mental Health Associate programs in North Carolina responded to a survey mailed to them by their respective program directors. No accurate count of the total number of M.H.A.'s who have graduated from these seven programs or who are working in North Carolina was taken, but it was assumed that approximately 25% of the surveys were returned.

Measures: The present study was part of a larger study which used a number of measures reported elsewhere, but the only measure used in the present study was an adaptation of the "Graduate Survey Form" reported by McPheeters and Brazzell in A Kit for Review of Mental Health Worker Training Programs (S.R.E.B., 1974, Atlanta, Georgia). This form and accompanying instructions are reproduced in Appendix A.

Procedure: A copy of the "Graduate Survey Form" was mailed to the director of each of the seven M.H.A. programs in North Carolina with a letter requesting that they send a copy of the form to each of their graduates and return the completed forms to the Investigator. Each returned form was assigned a unique code number and all data were punched onto I.B.M. punch cards for computer analysis. The computer programs used to analyze the data were taken from the operator's manual for the Statistical Analysis System (Barr and Goodnight, 1972). The analysis was done by the Triangle Universities Computing Center (T.U.C.C.), located in Raleigh, North Carolina, via a telphone terminal at Wayne Community College. Statistical procedures used were for determining means, Pearson product moment correlation coefficients, frequencies, and Chi squares.

Results

The results are shown in Appendix B, in the form of Xerox copies of the computer printouts. Correlations between data from graduates of the Wayne Community College Mental Health Associate program and all graduates surveyed from all programs ranged from +.88 to +.94, with all correlations on all measures being significant beyond the .01 level of confidence (see Appendix C). The results shown in Appendix B appear in the following section as a narrative, in an attempt to present the average graduate surveyed as a profile.

Four programs graduated 90% of the M.H.A.'s in North Carolina. Most M.H.A.'s graduated in 1973 and 1974 (65%), had no military experience (79%), are now 30 years old and were born in North Carolina (85%) in the city or county where the program was located (38%). Most M.H.A.'s in North Carolina are female (67%), white (61%), married (56%), with 1 child. They speak only one language (86%), are not continuing their education (73%), and are currently employed on a full-time basis (84%).

The average North Carolina M.H.A. entered the M.H.A. training program having held at least 2 jobs, 1 of which was related to human services, as well as a 50-50 chance of having done some volunteer work in human services. Their reason for choosing a human services career is basically personal and selfish (40%) or for a number of reasons (27%). Most M.H.A.'s received a high school diploma (94%), but allowed an average of 11 years to pass before entering college. Only 35% had ever attended another college.

Over 58% of the M.H.A.'s in North Carolina are employed in one of only 4 agencies--Broughton Hospital (11.4%), O'Berry Center (19%), Cherry Hospital (16.5%), and Caswell Center (11.4%). This represents 2 of 4 state mental hospitals and 2 of 4 state retardation centers--each being located in the same county as a community college Mental Health Associate program.

Over 93% of the M.H.A.'s are making more than $6,000 per year, over 68% are making more than $7,000 per year, and over 34% are currently earning more than $8,000 per year.

Five job titles account for over half the graduates, with over 30 job titles being used for all M.H.A.'s. The most frequent job titles for M.H.A.'s are Special Training Instructor (13.9%), Health Care Technician II (11.4%), Health Care Technician I (10.1%), Mental Health Associate (6.3%).

The community college training programs, according to the graduates, are training them appropriately for the jobs they are doing, with 90% saying they were trained "about right" (60.8%) or "somewhat overtrained" (29.1%). With M.H.A.'s working in over 35 different types of programs, over half are working in nine types of programs, with "training programs" ranking number one (8.2%). About 1/3 of North Carolina's M.H.A.'s held a job before college which was similar to what they are doing now (24%) or exactly like it (11%).

When comparing their current salaries with what they had expected to be earning after graduation, about 2/3 are dissatisfied with their salaries. The reverse of this was found when comparing current job duties with those expected upon graduation, with about 2/3 making favorable comparisons.

Most problems faced by M.H.A.'s in getting jobs were attributed to the state of the job market (59.7%) or the employing agencies (26.3%). Over half of the graduates felt there were no problems in their working conditions, whereas half of those experiencing such problems blamed them on the agency. These figures were almost identical for problems associated with carrying out assigned work, as well as for all other problem areas.

Mental Health Associates in North Carolina are being supervised by persons with more than thirty job titles, with the three most frequently occurring ones being "Registered Nurse" (13.3%), "Psychologist" (10.7%), and "Program Director" (9.3%). Of the many professions with which MHA's supervisors are associated, the most frequently occurring ones are medicine and nursing (20.8%), education (16.9%), and psychology (15.6%)--with these 3 professions accounting for over half of all graduates.

Over 1/3 of all M.H.A.'s have received no In-Service Training since being employed, with almost all of that which had occurred being related to the M.H.A. training program. Testing, Behavior Modification, Administration, and Group Processes and Dynamics were the most frequently identified areas in which M.H.A.'s felt that they could benefit from short-term training.

Most Mental Health Associates planned to continue their formal education (55.3%-- "yes", 37.2% -- "maybe so") sometime in the near future. Of those planning to transfer to a senior institution for further education in the future, three schools were selected by over half-- East Carolina University (26.9%), Shaw University (11.5%), and Altantic Christian College (9.6%). Psychology was the most frequently selected major as a planned field of study (39%), with a baccalaureate degree being the most frequently sought degree (75.7%).

Of those graduates surveyed who were already enrolled in a senior institution and working toward a higher degree, 15% were at Atlantic Christian College and 30% were at Shaw University, N. C. Wesleyan, and the University of N. C. at Wilmington. These transfers were majoring mostly in Psychology (45%), Counseling (10%), and Social Work (5%). Over half of these transfers entered a senior institution in 1975--and for the same reasons they entered the associate degree program, i.e., for personal, selfish reasons (56.3%) or for some combination of reasons (25%). These transfer students found the main problem in transfer to be that courses weren't accepted (67%), and new courses were too hard (50%).

For graduates with M.H.A. degrees who were employed outside the field of Human Services, most were working as skilled or semi-skilled laborers (66.6%), with an average current annual salary of $7,500 (as compared to an average salary of $7,605 per year for M.H.A.'s employed in Human Services). Materialism was the main reason for most of these M.H.A.'s being employed outside Human Services (63.6%), but 73.3% said they plan to seek a job in Human Services, also blaming the job market almost totally for their not now being employed in Human Services (96.8%).

Graduates responding to the survey who were neither employed nor enrolled in college gave the reason as "family" problems (100%), blaming themselves (50%) and their supervisors (50%) for problems seeking a job, and setting a minimal acceptable starting annual salary at $7,900.

Table 1 shows the exact job functions of the Mental Health Associates surveyed, and the percentage of graduates involved in each job function. In each case, real percentages would most likely be higher, since unemployed graduates and those seeking a higher degree on a full-time basis are included in this analysis.

Enter Table 1 about here

Table 2 shows an analysis of the Mental Health Associate program at Wayne Community College by graduates of several different programs in terms of the relevancy of each course to job duties. Courses were rated as to whether they should be emphasized more or less than they were, should stay about the same, or should be dropped. These ratings were then transformed so that they could be rank ordered.

Enter Table 2 about here

Table 1. Mental Health Associate Job Functions

Job Function	Percentage	Rank
One-to-One Therapy	49	1.5
Procedures and Records	49	1.5
Behavior Modification	45	3
Screening and Evaluation	38	4
One-to-One Counseling	35	5
Group Therapy	33	6
Personal Growth Training	32	7
Activity Therapy	28	8
Group Counseling	27	9.5
In-Service Training	27	9.5
Basic Health Care	24	11
Behavioral Therapy	22	12
Intake Interviews	21	13
Reality Therapy	19	14
Crisis or Emergency Work	18	15
Client Advocacy	15	16
Other Duties	14	17.5
Family Therapy	14	17.5
Community Adjustment/Liaison	11	19
Teaching in Educational System	10	20.5
Rational Emotive Therapy	10	20.5
Community Consultation	6	22
Vocational Rehabilitation	4	23
Teach New Skills	3	24.5
Social Services Eligibility Evaluation	3	24.5
Train T-groups, Encounter Groups, etc.	1	31.5
Babysit	1	31.5
Alcoholism Education in High Schools and Community	1	31.5
Listen to Patient Complaints and Problems	1	31.5
Personnel	1	31.5
Assist in Program Planning	1	31.5
Give Medicine	1	31.5
Custodial Care	1	31.5
Statistical Analysis - Behavioral Observations	1	31.5
Write Goal Plans	1	31.5
Audio-Visual Aides	1	31.5
Assist in Library	1	31.5
Private Practice/Private Clinic	0	38

Table 2. Evaluation of Training Program Offerings by Graduates

Course	Transform	Rank
Group Therapy Techniques	143	1
Counseling Techniques	135	2
Children and Youth Services	133	3
Crisis Intervention	132	4
Chemical Dependency	129	5.5
Behavior Disorders	129	5.5
Learning Theory	127	7.5
Human Services Interviewing	127	7.5
Basic Health Care Technology	125	9
Mental Retardation	124	10
The Family	121	11
Personality Theory	117	12
Individual Therapy Techniques	116	13
Human Relations Training Laboratories	115	14
Behavioral Therapy	114	15.5
General Psychology	114	15.5
Behavior Modification	111	17
Psychological Testing	107	18.5
Human Services: Introduction and Orientation	107	18.5
Human Growth and Development	106	20
Group Processes and Dynamics	104	21
Introductory Sociology	101	22.5
Exceptionality	101	22.5
Grammar	100	24.5
Internship in Mental Health Services	100	24.5
Activity Therapies	99	26
Social Issues	96	27
Composition	93	28
Human Services Roles and Resources	89	29
Gerontology	85	30
Mental Health Seminar	84	31
Electives	75	32
Technical Writing	72	33

Discussion

It can be concluded from the results of this study that Mental Health Associates in North Carolina are doing okay overall--their training matches their job duties, their job duties match their expectations, and they are not too dissatisfied with their salaries. Demographically speaking, graduates of these M.H.A. programs have been given a fair shake--by age, sex, race, past employment, etc.

Mental Health Associates tend to be perceptive of the discrepancies between what they were trained to do and what they are doing. Major job functions which correlate with training program content tend to cause graduates to make two observations: (1) such content occurring in the program should be emphasized more and (2) agencies should provide additional in-service training in those areas.

Three conclusions having broader social meaning can be drawn from this study: (1) the job market in Human Services needs to improve, (2) human services agencies need to be more liberal in employing Mental Health Associates, and (3) salary grades for M.H.A.'s need to be raised significantly to more accurately reflect the job functions being performed by them.

The major weakness in the present study is the size of the sample and the imbalance in numbers of graduates surveyed by program. The results of this study indicate that the ranges associated with most dimensions and variables dictate the need to survey every Mental Health Associate, since the variances associated with these ranges invalidate the meaning of means, correlations, etc. The absence from this sample of possible M.H.A.'s employed in North Carolina but trained in another state also decreases the significance of these findings.

References

American Psychological Association. Publication Manual. (1967 revision) Washington, D. C.: American Psychological Association, 1967.

Barr, A. J. & Goodnight, J. H. SAS: a user's guide to the Statistical Analysis System. Raleigh, N. C.: North Carolina State University, 1972.

McPheeters, H. L. & Brazzell, C. E. A Kit for Review of Mental Health Worker Training Programs. Atlanta, GA.: Southern Regional Education Board, 1974.

WAYNE COMMUNITY COLLEGE
GRADUATE SURVEY FORM*

Check one of the following:

______Mental Health Associate
______Alcoholism Technician
______Geriatric Technician
______Human Services Associate

1. Name:____
(Last) (First) (Middle) (Maiden)

2. Current Address:____________________________________
(Street)

____
(City) (State) (County) (Zip)

3. Permanent Address:__________________________________
(Street

____
(City) (State) (County) (Zip)

4. Home Phone:____

5. Social Security Number:_____________________________

6. Veteran's Status:___________________________________

7. Date of Birth:______________________________________

8. Place of Birth:_____________________________________

9. Sex:____________________ 10. Race:__________________

11. Marital Status:____________________________________

12. Number of Children:____________ (Ages: _____________)

13. Languages Spoken:__________________________________

14. Student Status: Full Time____________ Part Time____________

15. Employment Status: Full Time____________ Part Time____________

*Adapted from McPheeters and Brazzel, "A Kit for Review of Mental Health Worker Training Programs." S.R.E.B., 1974, Atlanta, Georgia.

16. What previous work experience have you had? (List your latest job first.)

(a) Agency or Company____________________

Kind of Work____________________

Salary__________ Dates__________

(b) Agency or Company____________________

Kind of Work____________________

Salary__________ Dates__________

(c) Agency or Company____________________

Kind of Work____________________

Salary__________ Dates__________

(d) Agency or Company____________________

Kind of Work____________________

Salary__________ Dates__________

17. What volunteer work have you done in human services? (List latest site first.)

(a) Agency or Company____________________

Kind of Work____________________

Dates____________________

(b) Agency or Company____________________

Kind of Work____________________

Dates____________________

(c) Agency or Company____________________

Kind of Work____________________

Dates____________________

18. Why did you choose the human services program?

____

____

____

____

19. Previous Education: (a) No H. S. diploma ____________

(b) GED (Date) ____________ Place Granted ____________

(c) H. S. Diploma (Date) ____________ Name and address of school: ____________

____

(d) College ____________

Dates Attended ____________

Credits Earned ____________ Major ____________

Reason for leaving college ____________

____

(e) College ____________

Dates Attended ____________

Credits Earned ____________ Major ____________

Reason for leaving college ____________

____

20. If you withdrew, dropped out, changed majors, or for some other reason did not complete the human services (two-year) program, please check the appropriate item(s) of explanation below:

REASON FOR TERMINATION

( ) 1. Completion or graduation
( ) 2. Completion and transfer
( ) 3. Transfer
( ) 4. Early leaver with marketable skills
( ) 5. Drop out

NOTE: If item 4 or 5 is checked, also check ONE of the following:

( ) Academic
( ) Dissatisfaction
( ) Employment
( ) Financial
( ) Health
( ) Marriage
( ) Migration
( ) Military
( ) Temporary
( ) Transportation
( ) Unknown
( ) Other

21. Date you completed this survey: ____________

A. If employed in Human Services, Mental Health, Alcoholism, Geriatrics, etc.:

1. Name of Agency or Institution: ____________

____

2. Address: ____________

____

3. Phone:____________________ 4. Annual Salary:______________________________

5. Your Job Title:____

6. Job Duties:____

____

____

____

7. In what type of program do you work:______________________________________

____

8. What job did you hold just before college:_________________________________

____

9. Salary of that job.____

10. Exactly what do you do? (Check all that apply)

a. ______One-to-One Therapy
b. ______Group therapy
c. ______Screening and Evaluation
d. ______Procedures and Records
e. ______Family Therapy
f. ______Crisis or Emergency Work
g. ______Behavior Modification
h. ______Behavioral Therapy
i. ______Personal Growth Training
j. ______Reality Therapy
k. ______Rational Emotive Therapy
l. ______One-to-One Counseling
m. ______Group Counseling
n. ______Activity Therapy
o. ______In-Service Training
p. ______Client Advocacy
q. ______Community Adjustment/Liaison
r. ______Community Consultation
s. ______Intake Interviews
t. ______Social Services Eligibility Evaluation
u. ______Teaching in Educational System
v. ______Train T-groups, Encounter Groups, etc.
w. ______Private Practice/Private Clinic
x. ______Vocational Rehabilitation
y. ______Basic Health Care (health care technician)
z. ______Other (describe)____

11. How does your salary compare with the salary you expected to get after graduation?
a. ______far less than I expected
b. ______slightly less than I expected

c. ______about what I expected
d. ______slightly more than I expected
e. ______far more than I expected

12. How does the type of work you are doing (e.g., as indicated in #10 above) compare with the type of work you expected to do after graduation?

____
____
____
____

13. What problems have you faced?

(a) In getting a job:____
____
____

(b) In work conditions:____
____
____

(c) In carrying out the work you are supposed to:____
____
____

(d) Other problems:____
____
____
____

14. What did your human services etc. college training do for you? (please use extra paper to answer this question)

(This is to help the college better prepare graduates for employment.)

15. You will find copies of the human services programs attached. Beside each course, please indicate according to the following code how you feel about that course:

(a) was emphasized about the right amount
(b) should be emphasized more than it was
(c) should not be emphasized as much as it was
(d) should be dropped from the program
(e) the following courses should be added to the program:

(1) ________________
(2) ________________
(3) ________________
(4) ________________
(5) ________________

16. To whom (title or position) do you report for supervision?________________

17. Profession of supervisor:

a. ______Medicine (e.g., M.D.)
b. ______Psychiatry (M.D.)
c. ______Registered Nurse (including A.D.N.'s)
d. ______Psychiatric Nurse (R.N.)
e. ______Licensed Practical Nurse
f. ______Psychologist
g. ______Social Worker
h. ______Special Education Teacher
i. ______Counselor
j. ______Charge Attendant
k. ______Special Training Instructor
l. ______Health Care Technician
m. ______Teacher
n. ______Other (specify)________________

18. (a) How much and what type of In-service training have you had in this job?

____

____

____

____

(b) What short-term training do you feel you need?

____

____

____

____

____

19. Do you plan to continue your formal education?

Yes________ No________ Maybe So________

When?________________

Where?______________________________________

In What Field?______________________________________

To What Degree?______________________________________

B. If you are a student obtaining another degree or a higher degree (e.g., a second associate degree at a community college or a bachelor's degree at a senior institution):

1. Name and Address of College:______________________________

____

2. What is your program major?______________________________

3. When did you enter?__________________________________

4. Why did you decide to continue your formal education?

____

____

____

____

____

5. What problems did you face in getting accepted into your present college program?

____

____

____

____

6. What problems are you encountering in your courses?____________

____

____

____

7. (This is to help the college better prepare graduates for employment) You will find copies of the human services programs attached. Besi[illegible] each course, please indicate according to the following code how you feel about that course:

a. was emphasized about the right amount
b. should be emphasized more than it was
c. should not be emphasized as much as it was
d. should be dropped from the program
e. the following courses should be added to the program:
(1) ____________________
(2) ____________________
(3) ____________________
(4) ____________________
(5) ____________________

C. If presently employed but not in Human Services, Mental Health, Alcoholism, Geriatrics, etc.:

1. Name of Employer____________________
____

2. Address of Employer:____________________
____

3. Business Phone Number:____________________

4. Job Title:____________________

5. Annual Salary:____________________

6. Describe Your Work:____________________
____
____

7. Why did you choose this rather than human service work?____________________
____
____
____

8. Do you plan to seek employment in human service work? Yes____ No_____

9. What problems have you encountered in locating a job in human service work?
____
____
____
____

D. If unemployed and not in school:

1. If unemployed by your choice, what is your reason? (e.g., family reasons, health reasons, personal reasons, etc.):____________________

DEPARTMENT OF HUMAN SERVICES

HUMAN SERVICES PROGRAM-FIRST YEAR

FIRST QUARTER		QTR. HRS.	A15	B7	D4
ENG 101	Grammar	3			
HSA 100	Human Services: Introduction & Orientation	3			
HSA 108	Human Relations Training I	1			
HSA 112	Group Processes & Dynamics I	2			
HSA 141	Crisis Intervention	3			
PSY 102	General Psychology	3			
SOC 101	Introductory Sociology	3			
		18			

SECOND QUARTER			A15	B7	D4
ENG 102	Composition	3			
HSA 111	Human Services: Roles & Resources	3			
HSA 113	Group Processes & Dynamics II	2			
HSA 114	Human Services Interviewing	3			
HSA 118	Human Relations Training II	1			
PSY 120	Human Growth and Development	3			
SOC 221	The Family	3			
		18			

THIRD QUARTER			A15	B7	D4
ENG 103	Technical Writing	3			
HSA 116	Group Processes & Dynamics III	2			
HSA 128	Human Relations Training III	1			
PSY 215	Behavior Disorders	3			
PSY 222	Exceptionality	3			
PSY 223	Chemical Dependency	3			
SOC 201	Social Issues	3			
		18			
	TOTALS =	54			

Please use these two pages to respond to rating requests in questions A 15, B 7, and D 4. Respond in one of the three columns as follows:

A 15 - if you are employed in the human services field
B 7 - if you are not employed but enrolled in college
C 4 - if you are neither employed nor in college

Please rate in each box as follows:

a - was emphasized about the right amount
b - should be emphasized more than it was
c - should not be emphasized as much as it was
d - should be dropped from the program

e - write in courses to be added on original question
f - did not take this course, i.e., not applicable

2. If unemployed, but seeking employment, what problems are your encountering? (e.g., no jobs available, salaries too low, didn't pass merit exam, jobs too far away, etc.): (please be specific)________________

____

____

____

____

3. What is the minimal annual salary acceptable to you?________________

4. (This is to help the college better prepare graduates for employment) You will find copies of the human services programs attached. Beside each course, please indicate according to the following code how you feel about that course:

a. was emphasized about the right amount
b. should be emphasized more than it was
c. should not be emphasized as much as it was
d. should be dropped from the program
e. the following courses should be added to the program:
(1)________________
(2)________________
(3)________________
(4)________________
(5)________________

DEPARTMENT OF HUMAN SERVICES

MENTAL HEALTH PROGRAM-SECOND YEAR

FOURTH QUARTER		QTR. HRS.	A15	B7	D4
HSA 210	Group Processes & Dynamics IV	2			
MHA 202	Basic Health Care Technology	3			
MHA 205	Counseling Techniques	3			
MHA 220	Activity Therapies	3			
PSY 220	Learning Theory	3			
PSY 230	Gerontology	3			
	Elective ____________________	1			
		18			

FIFTH QUARTER			A15	B7	D4
HSA 211	Group Processes & Dynamics V	2			
MHA 204	Mental Health Seminar I	2			
MHA 207	Individual Therapy Techniques	3			
MHA 213	Mental Retardation	3			
PSY 211	Behavior Modification	3			
PSY 219	Personality Theory	3			
	Elective ____________________	1			
		17			

SIXTH QUARTER			A15	B7	D4
HSA 212	Group Processes & Dynamics VI	2			
MHA 206	Mental Health Seminar II	2			
MHA 209	Group Therapy Techniques	3			
MHA 214	Children & Youth Services	3			
PSY 212	Behavioral Therapy	3			
PSY 225	Psychological Testing	3			
	Elective ____________________	1			
		17			

SEVENTH QUARTER			A15	B7	D4
MHA 249	Internship in Mental Health Services	12			
		12			

TOTALS = 64
TOTALS FROM 1st YEAR =54
118

F. Overall evaluation of graduate as a student:

APPENDIX B

The following data are reproduced from the computer printout on the Graduate Survey Form. Each question on the survey form has been put into an abbreviated statement which capsulizes the essence of that question. Hyphens appear where no data are available for that cell. Ther are four columns of data presented for each item throughout the survey analysis. In all cases, the columns represent information of the following nature: (1) the first column of information supplied is the percentage of responses for Wayne Community College Graduates to that part of that item; (2) the second column is the rank assigned to the percentages stated for Wayne Community College Graduates on that part of that item; (3) the third column of information is percentages of all graduates surveyed in North Carolina responded to that part of that item; and, (4) the fourth and final column of data supplied is the rank assigned to the percentage of graduates responding to that part of that item. All percentages and ranks have been adjusted for empty cells, as well as for cells containing data for graduates responding inappropriately to a given part of a specific item. Appendix C gives the correlation coefficients for all percentages and ranks in all columns on Appendix B.

NAME OF COLLEGE

Wayne Community College	----	----	38	1
Lenior Community College	----	----	15	3.5
Pitt Technical College	----	----	8	5
Durham Technical Institute	----	----	--	--
Sandhills Community College	----	----	15	3.5
Western Piedmont Community College	----	----	22	2

DATE OF GRADUATION FROM MHA PROGRAM

1969	----	----	1.1	8
1970	----	----	2.3	6.5
1971	----	----	2.3	6.5
1972	----	----	11.4	4
1973	2.8	4.5	13.6	3
1974	66.7	1	40.9	1
1975	27.8	2	23.9	2
1976	2.8	4.5	4.6	5

NAME OF GRADUATE = SUBJECT CODE NUMBER

MILITARY INFORMATION

None	73.7	1	79.2	1
Four Years or Less	23.7	2	17.7	2
Retirement	2.6	3	2.1	3
Dependent	----	----	1	4

CURRENT AGES OF GRADUATES (MEAN = 30.4)

PLACE OF BIRTH

City of College	10.5	3.5	12	4
County of College but not City	39.5	1.5	26	2
N. C. but not City or County of College	39.5	1.5	47	1
U. S. A. but not N. C.	10.5	3.5	15	3

SEX

Male	42.1	2	33	2
Female	57.9	1	67	1

RACE				
Black	55.3	1	39	2
White	44.7	2	61	1
MARITAL STATUS				
Single	34.2	2	38	2
Married	60.5	1	56	1
Separated	5.3	3	2	4
Divorced	----	----	4	3
NUMBER OF CHILDREN (MEAN=1.1)				
0	39.5	1	52	1
1	18.4	3	18	2
2	21.1	2	15	3
3	10.5	4	5	5
4	2.6	6.5	6	4
5	5.3	5	3	6
7	2.6	6.5	1	7
NO. OF LANGUAGES SPOKEN (MEAN = 1.2)				
1	92.1	1	86	1
2	5.3	2	12	2
3	2.6	3	2	3
CURRENT STUDENT STATUS				
Not applicable	71.1	1	73	1
Full Time	23.7	2	23	2
Part Time	5.3	3	4	3
EMPLOYMENT STATUS				
Not employed	5.3	2.5	11	2
Full Time	89.5	1	84	1
Part Time	5.3	2.5	5	3

PREVIOUS WORK EXPERIENCE (MEAN = 2.14)

None	7.9	4.5	9	5
1	31.6	2	23	2
2	36.8	1	31	1
3	7.9	4.5	19	3
4	15.8	3	18	4

HUMAN SERVICES WORK EXP. (MEAN = 1.18)

None	15.8	2	29	2
1	60.5	1	41	1
2	13.2	3	19	3
3	2.6	5	5	5
4	7.9	4	6	4

VOLUNTEER HUM. SER. WORK (MEAN = 0.75)

None	39.5	1	50	1
1	31.6	2	32	2
2	15.8	3	11	3
3	13.2	4	7	4

REASON FOR CAREER CHOICE

Personal, Egotistic, Selfish	39.4	2	39.8	1
For Others, Humanistic, Unselfish	21.2	2.5	17	3
For Others, due to social programming	21.2	2.5	15.9	4
Some Combination	18.2	4	27.3	2

HIGH SCHOOL EDUCATION

No. G.E.D. or Diploma	----	----	1	3
G.E.D.	10.5	----	5	2
High School Diploma	89.5	----	94	1

YEARS BETWEEN H.S. AND COLLEGE (MEAN = 11)

OTHER COLLEGES ATTENDED

0	68.4	1	65	1
1	29	2	29	2
2	2.6	3	5	3
More than two	----	----	1	4

REASON FOR TERMINATION

Not applicable	5.3	2	3	2
Completion or graduation	94.7	1	97	1

REASON FOR DROPPING OUT

AGENCY OF EMPLOYMENT

Broughton Hospital	----	----	11.4	3.5
Western Carolina Center	----	----	2.5	5.5
O'Berry Center	36.8	1	19	1
Cherry Hospital	34.2	2	16.5	2
Caswell Center	2.6	3	11.4	3.5
Johnston Mental Health Center	----	----	2.5	5.5
Umstead Hospital	----	----	2.5	5.5
Sandhills Mental Health Clinic	----	----	2.5	5.5

CURRENT ANNUAL SALARY (MEAN = $7,605)

$3,999 or Less				
$4,000 - $4,999	----	----	4	5
$5,000 - $5,999	5.7	----	2.6	6.5
$6,000 - $6,999	25.7	----	25	2
$7,000 - $7,999	25.7	----	34.2	1
$8,000 - $8,999	34.3	----	22.4	3
$9,000 - $9,999	8.6	----	7.9	4
$10,000 - $10,999	----	----	2.6	6.5
$12,000 or more	----	----	1.3	8

JOB TITLE

Mental Health Technician	5.7	4	8.9	4
Youth Activities Specialist	----	----	3.8	7
Psychological Assistant	2.9	6	2.5	8.5
Mental Health Associate	2.9	6	6.3	5
Health Care Technician I	20	3	10.1	3
Special Training Instructor	22.9	1.5	13.9	1
Health Care Technician II	22.9	1.5	11.4	2
Teacher's Aide	2.9	6	5.1	6
Alcoholism Worker	----	----	2.5	8.5

JOB DUTIES

Very Much overtrained	2.9	3	3.8	3.5
Somewhat overtrained	31.4	2	29.1	2
Training about right	65.7	1	60.8	1
Somewhat undertrained	----	----	3.8	3.5
Very much undertrained	----	----	2.5	5

TYPE OF PROGRAM

Behavior Modification	6.5	3.5	4.1	8
Children and youth services	3.2	6	5.5	4.5
Youth activities	3.2	6	6.9	2
Psychiatric treatment ward	3.2	6	4.1	8
Education and training	6.5	3.5	5.5	4.5
Medical surgical unit	9.7	2	4.1	8
Training program	16.1	1	8.2	1
Alcoholism	----	----	5.5	4.5
Public schools	----	----	5.5	4.5

JOB HELD BEFORE COLLEGE

None or not applicable	21.1	----	29	2
Related to current job	29	----	24	3
Exactly like current job	21.1	----	11	4
Unrelated to current job	29	----	36	1

OTHER JOB DUTIES

Assistant in library			7.1	7.5
Teach new skills			21.4	1
Audio-visual aides			7.1	7.5
Write goal plans			7.1	7.5
Statistical analysis/beh. observations			7.1	7.5
Custodial care			7.1	7.5
Give medicine			7.1	7.5
Assist in program planning			7.1	7.5
Personnel			7.1	7.5
Listen to patients			7.1	7.5
Alcoholism educ. in h.s. and community			7.1	7.5
Babysit			7.1	7.5

COMPARISON OF BEFORE AND AFTER SALARIES

Far less than I expected	40	1	36.4	1
Slightly less than I expected	20	3	24.7	3
About what I expected	34.3	2	32.5	2
Slightly more than I expected	5.7	4	6.5	4

COMPARISON OF JOB EXPECTATIONS

Very unfavorable	8.6	4.5	7.5	4
Unfavorable	20	2	13.2	2
So-So	14.3	3	11.8	3
Favorable	48.6	1	59.2	1
Very favorable	8.6	4.5	6.6	5

PROBLEMS GETTING A JOB

Job Market	23.5	2	59.7	1
Training program	5.9	4	3.5	5
Individual	2.9	5.5	5.3	3.5
Agency	20.6	3	26.3	2
No problems	44.1	1	----	----
State personnel system	2.9	5.5	5.3	3.5

PROBLEMS ABOUT WORKING CONDITIONS

Job Market	3.1	5	8.6	3
Individual	3.1	5	2.5	6
Agency	15.6	2	23.5	2
Co-workers	6.3	3	3.7	5
Superiors	3.1	5	7.4	4
None	68.8	1	53.1	1

PROBLEMS CARRYING OUT ASSIGNED WORK

Job Market	3	5	7.7	3
Training program	----	----	2.6	7
Individual	----	----	5.1	4
Agency	27.3	2	21.8	2
Co-workers	6.1	4	3.9	5.5
Superiors	12.1	3	3.9	5.5
No problems	51.5	1	53.9	1

OTHER PROBLEMS

Job Market	7.1	4	12.5	3
Training program	----	----	1.4	7
Individual	----	----	4.2	6
Agency	25	2	22.2	2
Co-workers	7.1	4	5.6	5
Superiors	7.1	4	8.3	4
None	53.6	1	45.8	1

TITLE/POSITION OF SUPERIOR

Psychologist	2.6	6.5	10.7	2
Registered Nurse	21.1	1	13.3	1
Charge Attendant	7.9	3.5	4	6
Special Education Teacher	5.3	5	4	6
Program Coordinator	7.9	3.5	4	6
Program Director	10.5	2	9.3	3
Teacher	2.6	6.5	4	6
Habilitation	----	----	4	6

PROFESSION OF SUPERVISOR

Psychiatry (M.D.)	2.9	----	3.9	9
Registered Nurse	20	2	14.3	3
Psychiatric Nurse	2.9	----	1.3	11.5
Licensed Practical Nurse	2.9	8.5	1.3	11.5
Psychologist	11.4	4	15.6	2
Social Worker	2.9	8.5	5.2	7.5
Special Education Teacher	11.4	4	9.1	5
Counselor	----	----	5.2	7.5
Charge Attendant	5.7	6.5	2.6	10
Health Care Technician	11.4	4	9.1	4
Teacher	5.7	6.5	7.8	6
Other	22.9	1	24.7	1

IN-SERVICE TRAINING

None	15.8	3	34	2
Some, not related to training program	5.3	4	4	4
Much, not related to training program	2.6	5	2	5
Some, related to training program	52.6	1	41	1
Much, related to training program	23.7	2	19	3

SHORT-TERM TRAINING NEEDED

Testing	2.6	5.5	15.2	1
Administration	2.6	5.5	6.5	3.5
Adolescent Training	2.6	5.5	4.4	7.5
PAC and TA	-	-	4.4	7.5
Group Processes and dynamics	5.3	2	6.5	3.5
Medical	2.6	5.5	4.4	7.5
Human relations training	5.3	2	4.4	7.5
Behavior modification	5.3	2	10.9	2
Multi handicapped children	-	-	4.4	7.5
Counseling	-	-	4.4	7.5

PLANS CONTINUED EDUCATION

Yes	67.6	1	55.3	1
No	8.1	3	7.4	3
Maybe so	24.3	2	37.2	2

DATE PLANNED TO ATTEND COLLEGE

Within next year or two	75	1	56.2	1
Two to four years	7.1	3	12.3	3
Five or more years	17.9	2	31.5	2

PLANNED COLLEGE OF TRANSFER

Appalachian State University	-	-	5.8	5.5
Limestone College	-	-	3.9	7
Atlantic Christian College	21.7	1.5	9.6	3
East Carolina University	17.4	3	26.9	1
Shaw University	21.7	1.5	11.5	2
Wayne Community College	8.7	5.5	3.9	7
N. C. Wesleyan	13[illegible]	4	7.7	4
North Carolina State Univ.	8.7	5.5	5.8	5.5
Univ. of North Carolina at Greensboro	-	-	3.9	7

PLANNED FIELD OF STUDY

None or not applicable				
Registered Nurse	-	-	1.4	6.5
Psychologist	55.2	1	39	1
Social Worker	-	-	9.7	3.5
Special Education Teacher	6.9	3	9.7	3.5
Counselor	3.4	4	5.6	5
Special Training Instructor	-	-	1.4	6.5
Other	34.5	2	33.3	2

PLANNED FUTURE DEGREE

Associate of Arts or Assoc. of Science	3.4	4	4.1	3
BA, BS. BT	65.5	1	75.7	1
MA, MS	24.1	2	17.6	2
Ph.D	6.9	3	2.7	4

ACTIVE COLLEGE TRANSFERS AND GRADUATES

Atlantic Christian College	27.3	1	15	1
Shaw University	18.2	3	10	3
N. C. Wesleyan	18.2	3	10	3
Univ. of N. C. at Wilmington	18.2	3	10	3

FIELD OF STUDY

Psychologist	66.7	1	45	1
Social Worker	-	-	5	4
Counselor	8.3	3	10	3
Other	25	2	35	2

YEAR ENTERED ANOTHER COLLEGE

1969	8.3	4	4.8	4
1974	16.7	3	19	3
1975	50	1	52.4	1
1976	25	2	23.8	2

WHY CONTINUED EDUCATION

Personal, egotistic, selfish	44.1	1	56.3	1
For others, humanistic, unselfish	11.1	4	6.3	4
Materialistic	22.2	2.5	12.5	3
Some combination of above	22.2	2.5	25	2

PROBLEMS FACED IN TRANSFER/ACCEPTANCE

Courses not accepted	50	1.5	67	1
Other	50	1.5	33	2

PROBLEMS WITH COURSES

Courses too hard	50	1.5	50	1.5
Other	50	1.5	50	1.5

NON-HUMAN SERVICES JOBS

Unskilled labor	-	-	11	4
Semi-skilled labor	100	1	22.2	2
Skilled labor	-	-	44.4	1
Technical labor	-	-	11	4
Professional labor	-	-	11	4

CURRENT SALARY (MEAN = $7,500)

$ 4,000-$ 4,999	-	-	22.2	1.5
$ 5,000-$ 5,999	-	-	11.1	5
$ 6,000-$ 6,999	-	-	22.2	1.5
$ 7,000-$ 7,999	-	-	11.1	5
$ 9,000-$ 9,999	100	1	11.1	5
$10,000-$10,999	-	-	11.1	5
$12,000 or more	-	-	11.1	5

REASON FOR UNRELATED HUMAN SERVICE JOB

Personal, egotistic, selfish	50	1.5	27.3	2
For others, social programming	-	-	9.1	3
Materialistic	50	1.5	63.6	1

PLAN TO SEEK HUMAN SERVICE JOB

Yes	100	1	73.3	1
No	-	-	20	2

PROBLEMS IN GETTING HUMAN SERVICE JOB

Job Market	100	1	96.8	1
Training program	-	-	1.1	3
Individual	-	-	2.1	2

REASONS UNEMPLOYED - NOT IN COLLEGE

Family reasons	100	1	100	1

PROBLEMS SEEKING JOB

Individual	-	-	50	1.5
Superiors	100	1	50	1.5

MINIMUM ACCEPTABLE SALARY (MEAN = $7,900)

$7,000 - $7,999	75	1	80	2
$9,000 - $9,999	25	2	20	1

APPENDIX C

```
                        CORRELATION COEFFICIENTS

          PROB ) !R! UNDER HO:RHO=0 / NUMBER OF OBSERVATIONS

                  WAYNEPER WAYNERNK      STATEPER     STATERNK

 WAYNEPER         1.00000  -0.36612      0.87808     -0.35227
                   0.0000    0.0001       0.0001       0.0001
                      227       209          226          226

 WAYNERNK        -0.36612   1.00000     -0.34653      0.93830
                   0.0001    0.0000       0.0001       0.0001
                      209       209          208          208

 STATEPER         0.87808  -0.34653      1.00000     -0.42442
                   0.0001    0.0001       0.0000       0.0001
                      226       208          298          298

 STATERNK        -0.35227   0.93830     -0.42442      1.00000
                   0.0001    0.0001       0.0001       0.0000
                      226       208          298          299
```

Miscellaneous Evaluation Information

The following materials represent additional data which have been collected and analyzed by the College during the grant period. Some of this information is relevant; other material is peripheral. Each of these evaluations stand alone and are self-explanatory.

Table 1. Student Survey, Fall Quarter, 1975:
A comparison of the Department of
Human Services and the College
(based on a sample of approximately
50% of new students).

	Variable	Total For College		Human Services	
		#	%	#	%
1.	Age	21.4	-	24.4	-
2.	Sex: Male	232	49	10	23
	Female	245	51	33	77
3.	Marital Status: Married	103	22	10	24
	Single	366	78	31	76
4.	Level of Formal Education Completed:				
	Less than 12th grade	3	<1	0	0
	High School graduate	364	80	35	80
	GED	19	4	2	5
	1 year of college	47	10	4	9
	2 years of college	16	4	2	5
	3 years of college	1	<1	0	0
	4 years of college	1	<1	0	0
	More than 4 years of college	2	<1	1	2
5.	Attended other College since High School:				
	Yes	119	25	11	26
	No	355	75	31	74
6.	Gross Income Level of Parents:				
	Less than $2,999	26	7	6	22
	$3,000 to $5,999	41	11	4	15
	$6,000 to $8,999	74	21	7	26
	$9,000 to $11,999	84	24	5	18
	$12,000 or over	126	35	5	18
	Don't Know	6	2	0	0
7.	Your Gross Income (Self-Supporting):				
	Less than $2,999	109	49	9	36
	$3,000 to $5,999	45	20	7	28
	$6,000 to $8,999	29	13	4	16
	$9,000 to $11,999	22	10	2	8
	$12,000 or over	17	8	3	12
	Don't Know	2	<1	0	0

Variable	Total For College #	Total For College %	Human Services #	Human Services %
8. Members in Household	4.6	-	4.0	-
9. Educational Background of Parent:				
Less than 8th grade	50	11	8	20
8-12 grades	88	19	5	13
High School graduate	181	40	13	32
Some college	67	15	8	20
College graduate	47	10	5	13
College beyond baccalaureate	19	4	1	2
10. Employed (Student): Yes	103	25	7	18
No	309	75	32	82
11. How Many Hours Do You Work Per Week: 1-10	9	8	1	14
11-20	32	29	3	43
21-30	32	29	1	14
31-40	27	25	1	14
41 or over	9	8	1	14
12. When Do You Work: Morning	19	9	1	7
Afternoon	53	25	1	7
Evening	49	23	5	36
Weekdays	44	20	4	29
Weekends	50	23	3	21
13. Plans After Graduation: Work	260	70	33	77
Continue Your Education	102	27	10	23
Enter Military Service	5	1	0	0
Work then Marry	4	1	0	0
Expand Business	1	<1	0	0
Rest	1	<1	0	0
14. Miles Commuted Daily to School: 1-10	257	69	30	86
11-25	78	21	5	14
26-50	30	8	0	0
51 or more	8	2	0	0
15. Living Away from Family: Yes	123	37	17	57
No	213	63	13	43
16. If #15 "Yes", then Cost of Housing:				
$20/month	1	1	0	0
$30/month	3	2	1	6
$40/month	10	8	2	13
$50/month	12	10	3	19
$60/month	12	10	3	19
More/month	83	69	7	44

Variable	Total For College #	Total For College %	Human Services #	Human Services %
17. If #15 "Yes", the Cost of Food or Board:				
$40/month	24	20	5	31
$50/month	18	15	2	13
$60/month	12	10	2	13
$70/month	9	8	1	6
$80/month	21	18	4	25
More/month	34	29	2	13

ADDITIONAL INFORMATION

During the fall quarter, 2212 students were enrolled; below are statistical summaries by race, partime and fulltime, residence status, and financial aid.

1. Race:

Black	White	Indian	Other
535 (24%)	1652 (75%)	2 (0%)	23 (1%)

2. Enrollment:

Fulltime		Parttime	
Fresh.	Soph.	Fresh.	Soph.
484 (22%)	73 (3%)	1341 (61%)	314 (14%)

Total Freshmen 1825 (83%)
Total Sophomores 387 (17%)

3. Residence:

Wayne County	Other N. C.	Not N. C.
1672 (76%)	498 (23%)	42 (1%)

4. Financial Aid Programs and Number of Recipients

BEOG	300
SEOG	0
Nursing Scholarship	3
NDSL	23
Nursing Loan	4
Workstudy	86

WAYNE COMMUNITY COLLEGE
Veterans
Fall Quarter 1975

DEPARTMENTS	& VETERANS
College Transfer	26%
Engineering	78%
Aviation	64%
Business	37%
Agriculture	28%
Human Services	32%
Auto Diesel	70%
Automotive	63%
Auto-Body	89%
Airframe & Powerplant Mech.	60%
Welding	85%
Air Conditioning & Refrigeration	97%
Machinist	90%
Watchmaking	40%
Special Credit	0
Dental Hygiene	0
A.D.N.	9%
Technical Guided Studies	0
Dental Assistant	0
L.P.N.	0
Nurse's Aide	0
Vocational Guided Studies	0
Total Enrollment	37%

FOLLOW-UP ON 1973-74 GRADUATES

Number of graduates employed:	238
Number of graduates unemployed or employment unknown:	50
Number of graduates continuing education:	45
Number of graduates moved; employment unknown:	10
Military:	1
College Transfer graduates unknown:	16
GRAND TOTAL	360

TOTAL NUMBER EMPLOYED BY COUNTY AND OUT-OF-STATE
SCHOOL YEAR 1973-74

County	Number Employed
Bladen	1
Brunswick	1
Cleveland	1
Craven	3
Cumberland	3
Currituck	1
Duplin	2
Durham	2
Edgecombe	1
Forsyth	1
Granville	1
Greene	1
Guilford	1
Harnett	2
Hertford	1
Johnston	12
Lenoir	10
Martin	1
Mecklenburg	3
Nash	6
New Hanover	4
Onslow	1
Pamlico	1
Pasquotank	2
Pitt	5
Wake	25
Wayne	126
Wilson	7
TOTAL	225

Out-of-State	Number Employed
Chicago, Illinois	1
Indiana	1
Iowa	1
Copake Falls, N. Y.	1
Columbus, Ohio	1
Charleston, S. C.	1
Horry County, S. C.	1
Knoxville, Tenn.	1
Nashville, Tenn.	1
Newport News, Va.	1
Portsmouth, Va.	1
Vance County, Va.	2
TOTAL	13

GRAND TOTAL 238

CHILD CARE SURVEY 1974
(20 Respondents)

Section A

1. For how many children is your facility licensed?

1 a. 6 through 15
1 b. 16 through 30
8 c. 31 through 60
0 d. 61 through 100
10 e. More than 100

2. Check one of the following which best describes your sponsor.

9 a. Privately owned
0 b. Civic or community
0 c. Business or industry
0 d. Franchised
1 e. Church
10 f. Government
0 g. Private school
0 h. Other

3. How long have you been working with and/or caring for children?

0 a. Less than 1 year
2 b. 1 to 3 years
1 c. 4 to 6 years
10 d. 7 to 9 years
7 e. 10 years or more

4. What experience, other than your work in this facility, have you had in working directly with children other than your own?

0 a. No other experience
16 b. Worked in another day care facility or in a school
17 c. Worked with children at church (for example, Sunday School)
6 d. Babysitting or keeping other people's children in your home
1 e. Other (Please specify)

5. What special training have you had that helps you in your work with children or in directing your facility?

2 a. Received no special training
13 b. Attended workshops or seminars
15 c. Received special training in community colleges, technical institutes, or colleges or universities
11 d. Hold Bachelor's or advanced degree in early childhood education and/or closely related field
0 e. Other (Please specify

6. Have any of your staff ever received special training in child care or child development?

16 a. Yes
4 b. No

7. Check any of the following which you feel are ways that your facility has benefitted from your training or the training of your staff.

0 a. No one has had any training.
12 b. Better record-keeping or administration
19 c. Better relationships between teachers and children
17 d. Better program of activities for the children
0 e. No benefits that I know of
10 f. Other (Please specify)

8. Please check any of the following which you feel have made it difficult for you or any of your staff to receive training.

4 a. No training was available
2 b. Training was too expensive
3 c. Transportation problems
14 d. Training sessions were held at inconvenient times
1 e. Other (Please specify)

9. When would be convenient times for you to attend training sessions?

1 a. Weekday mornings
2 b. Weekday afternoons between 1:00 p.m. and 6:00 p.m.
4 c. Weekday evenings between 6:00 p.m. and 9:00 p.m.
3 d. Saturday mornings
2 e. Saturday afternoons
10 f. None of these times

10. Which of the following types of training would you like to have?

6 a. Workshops
17 b. Courses offered directly in your community
12 c. A week-long course, possible outside the community, with other day care operators in the state
6 d. Correspondence courses (courses through the mail)
1 e. Other (Please specify)

11. What types of written materials do you have about day care?

16 a. Program of activities for young children
15 b. Behavior and growth of young children
12 c. Materials related to administration of day care facilities, other than the licensing manual
11 d. Community services, including social services, health services, etc.
1 e. Other (Please specify)
0 f. None

12. Which of the following types of information would you be interested in having?

14 a. Caring for children of different ages
15 b. What to expect of children of different ages
20 c. Activities which help young children learn
5 d. Activities for school age children
13 e. Good books for young children
17 f. Staff training
7 g. Planning nutritious meals for preschool children
4 h. First aid training for day care staff
13 i. Caring for emotionally and physically handicapped children
13 j. Maintaining licensing standards
5 k. Purchasing equipment, materials, and supplies
16 l. Financial Planning
5 m. Planning daily schedules
19 n. Ideas for inexpensive equipment and materials for day care facilities
0 o. Others (Please specify)
0 p. I do not wish to have any of the above types of information

VETERANS

Winter Quarter 1975

VETERANS:		
Returning	365	
New	191	556
DEPENDENTS:		
Returning	41	
New	6	47
HIGH SCHOOL:		
Returning	4	
New	15	19
	Total	622

Additional 6-8 enrolled in farm cooperative program.

WAYNE COMMUNITY COLLEGE

Student Services
1974-75

COUNSELEES:

	Acad.	Adm.	Fin.	Personal	Placement	Test	V.A.	Voc.	V.R.	St. Act.	Other	Total
Summer	250	880	214	197	315	338	450	17	10	29	256	2102
Fall	550	1162	907	371	355	956	402	68	43	234	311	5359
Winter	408	1749	1224	283	485	397	767	23	106	179	797	6399
Spring												

HEALTH SERVICES:

	No. Seen	By Dr. on Campus	By Dr. at Office	Referrals
Summer	291	142	5	4
Fall	325	122	11	2
Winter	328	127	13	4
Spring				

VOCATIONAL REHABILITATION:

	Clients Enrolled	Refer. from VR	Refer. to VR	VR Aid	Guided Studies	Special Credit
Summer	36	11	1	$1,430.07	9	70
Fall	51	21	4	3,456.22	11	90
Winter	57	18	4	2,643.55	8	112
Spring						

RECRUITING:

	No. Schools Local	No. Names Recorded	Miles
Summer			811
Fall	130	1,383	3,072
Winter	29	178	1,446
Spring			

VETERANS AFFAIRS:

	No.	Vets.	Depts.	Return Vets.	New Vets.	Return Dep.	New Dep.	Termin.	SJAFB
Summer	282	269	13	225	44	8	5	5	63
Fall	474	428	46	215	213	11	35	14	78
Winter	618	572	46	365	207	40	6	9	97

PLACEMENT:

	Permanent				Part-Time				Recruitment	
	Regis.	Refer.	Plcd.	Pend.	Regis.	Refer.	Plcd.	Pend.	Off	on
Summer	77	150	20	57	61	135	15	46	11	
Fall	27	40	12	15	81	163	23	58	6	23
Winter	37	55	20	15	57	68	15	42	13	13
Spring										

STUDENT UNION:

	Board Room Use	No. Activities	Profits from Games
Summer	2	2	$ 258.75
Fall	25	14	1,381.00
Winter	32	9	1,070.25
Spring			

TESTING:

	Total	SCAT	O.L.	S.H.	Local	GED	DHAT	Other
Summer	760	296	290	9	36	144		21
Fall	1427	455	445	308	51	174	12	33
Winter	1565	256	181	96	179	716	30	107

COLLEGE TRANSFER/STUDENT ACTIVITIES:

	Transfers In-State	Out-of-State	C.C. /	No. Activities	SGA Meet.	Intramurals
Summer	49	7	8	5		75
Fall	12	2	2	21	3	500
Winter	20	0	4	12	5	400
Spring						

FINANCIAL AID:

	Federal Aid		Scholarships		Other		Total	
	Stu.	Amount	Stu.	Amount	Stu.	Amount	Stu.	Amount
Summer	57	$21,562.00	2	$ 48.00	5	$4,600.00	64	$26,210.0
Fall	176	41,231.05	43	3,340.00	23	2,837.00	242	47,408.5
Winter	243	54,686.40	34	1,802.58	23	3,990.66	300	60,479.6
Spring								

CENSUS OF WAYNE COUNTY

AGE	WAYNE COUNTY MALE	GOLDSBORO MALE	WAYNE COUNTY FEMALE	GOLDSBORO FEMALE
18-19	1539	422	1522	473
20	952	201	756	281
21	953	195	687	214
22-24	2704	709	2135	707
25-34	5501	1302	5781	1615
35-44	4926	1205	5240	1757
45-54	4113	1365	4433	1655
55-59	1612	527	1851	718
60-61	565	178	681	268
62-64	689	251	933	402
65-74	1626	648	2267	939
75 and over	722	273	1205	469

Total 70, 467

Birth to 17   Male and female for Goldsboro and Wayne County 13,941

Grand Total   84,408

EDUCATIONAL LEVEL

Educational Background for Selected Population Groups for Wayne County

Persons 16-24 Years Not Enrolled in School	Male	Female
Employed or in Armed Forces		
Not high school graduate	540	189
High School graduate	1620	733
Unemployed or Not in Labor Force		
Not high school graduate	532	676
High school graduate	212	736

INCOME LEVEL OF WAYNE COUNTY

POPULATION	# POOR	PER CAPITA
85,408	21,874	1,998

TABLE 1. Family Income Statistics for Wayne Community College from 1974-76

Percentage of Students' Families as a Function of Salary Ranges

INCOME	YEAR 1974-75	YEAR 1975-76	CHANGE
0-2,999	11%	8%	-3%
3,000-5,999	18%	12%	-6%
6,000-8,999	21%	21%	0%
9,000-11,999	17%	24%	+7%
12,000+	33%	35%	+2%

Estimated Poverty Level (Below $7,500) = 34%

TABLE 2. Enrollment Projections in Human Services at Wayne Community College

	1974	1975	1976	1977	1978	1979
Human Services		75	40	55	70	70
Mental Health	76		15	15	15	15
Alcoholism			12	12	12	12
Geriatrics			12	12	12	12
Counselor Aide				12	12	12
Child Care					12	12
TOTALS	76	75	79	106	118	118

PROGRAM VERSUS COLLEGE ENROLLMENT STATISTICS

During the four-year academic period from 1971 till 1975, students enrolled in the Mental Health Associate program made up an average of 5% of the total student enrollment for the college. The range went from a low of 3% during 1971-1972 to 7% during 1972-1973 (see Tables 1 & 2). When enrollments for all four years are averaged across quarters, the program tended to represent a slightly higher percentage of all students (6%) than during other quarters (5%). This is due to the fact that Summer Quarter represents a regular quarter for the program's second-year students (see Table 3).

From 1971 till 1972, when the program was just beinning, 100% of all students were Freshmen, as compared with 71% Freshmen enrolled in the college. These figures had reversed by 1974-1975, with 30% less of the Mental Health students being Freshmen as compared with the college as a whole. During the four-year period, the program averaged 3% fewer Freshmen than did the college, probably due to the fact that many other programs were only of a one-year's duration (see Table 4). The program averaged 7% more Sophomores during Summer Quarters than did the college, again because of Summer being a regular quarter for Sophomores in Mental Health (see Table 5).

The Mental Health program began in 1971 with 39% full-time students, 32% less than for the entire college student body. During the next three years, the program averaged only 1% fewer full-time students than did the college (see Table 6). When comparing four-year averages across all four quarters each year, the program averaged 6% fewer full-time students than did the college (see Table 7).

During the four years of the Project, 17% more females were enrolled in the Mental Health program than were enrolled in all college programs, with 30% more females enrolled during the first year of the program (see Table 8). The program maintained almost a 50/50 ratio of males to females during these four years, whereas the college averaged over a 60/40 ratio during the same time period. Whereas the college maintained a 62% males during all four years (averaged over all four quarters per year), the program averaged 25% fewer males during Fall Quarters, about the same during Winter and Spring Quarters, and only 5% fewer males during Summer Quarters. The reason for this variance was that males in the program, for the most part, already worked fulltime, whereas females not regularly employed generally had to work in tobacco during Summer Quarters (see Table 9).

The program averaged 37% more Blacks than did the college during the four-year project, with Blacks making up 59% of the program's enrollment but only 22% of the total college enrollment (see Table 10). There was little flucuation in the white to non-white ratio for either the program or the college during the four year period when averaged over the four quarters each year (see Table 11).

It can be seen in Tables 12 and 13 that all students enrolled in Mental Health during the four-year project were North Carolina residents, whereas the college served an average of 3% non-residents during the same four years. There was almost no fluctuation of these figures, either averaged by year or by quarter.

The Mental Health Associate program at Wayne Community College, during the project period from 1971 till 1975, served an average of 77% Wayne County residents to a 69% average for the general college enrollment (an average of 8% more for the program). The greatest difference by quarter (averaged over four years) was during Fall and Winter Quarters (10%), with the least difference occurring during Summer Quarters (5%) (see Tables 14 and 15).

In conclusion, when compared to the college during the four-year project, the Mental Health program served more Sophomores (7%), more part-time students (6%), more females (17%), more Blacks (37%), more North Carolina residents (3%), and more Wayne County residents (8%) (see Table 1).

Table 1. Overall Averages for Four Years:
1971 - 1975.

	PROGRAM		COLLEGE	
	Raw	%*	Raw	%
Total Enrollment	75	5	1517	95
Freshman	49	65	1091	72
Sophomore	26	35	426	28
Full-time	51	68	1115	74
Part-Time	24	32	402	26
Male	34	45	935	62
Female	41	55	582	38
White	31	41	1190	78
Non-White	44	59	327	22
N.C. Resident	75	100	1472	97
Non-N.C. Resident	0	0	45	3
Wayne County Resident	58	77	1058	69
Non-Wayne County Resident	17	23	459	31

* Proportion of Total Enrollment compares Program and College; all other proportions are within Program _or_ within College (f/n).

Table 2. Averages over Quarters by School Year for Total Enrollment.

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	44	3	1478	97
1972 - 1973	95	7	1466	93
1973 - 1974	94	6	1472	94
1974 - 1975	67	4	1654	96
Averages	75	5	1518	95

Table 3. Averages over years (1971-1975) by Academic Quarter for Total Enrollment.

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	81	5	1678	95
Winter	78	5	1604	95
Spring	75	5	1592	95
Summer	66	6	1196	94
Averages	75	5	1518	95

Table 4. Averages for Freshmen vs. Sophomores over Quarters by Academic Year.

FRESHMAN

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	44	100	1052	71
1972 - 1973	77	81	1068	73
1973 - 1974	47	50	1009	69
1974 - 1975	30	45	1234	75
Averages	50	69	1091	72

SOPHOMORE

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	0	0	426	29
1972 - 1973	18	19	398	27
1973 - 1974	47	50	463	31
1974 - 1975	37	55	420	25
Averages	26	31	427	28

Table 5. Averages for Freshmen vs. Sophomores over Years by Academic Quarter.

FRESHMAN

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	58	72	1263	75
Winter	54	69	1097	68
Spring	49	65	1156	73
Summer	36	55	848	71
Averages	49	65	1091	72

SOPHOMORE

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	23	28	415	25
Winter	24	31	507	32
Spring	26	35	436	27
Summer	30	45	348	29
Averages	26	35	426	28

Table 6. Averages for Full-time Students vs. Part-time Students over Quarte[illegible] by Year.

FULL-TIME

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	17	39	1052	71
1972 - 1973	71	75	1170	80
1973 - 1974	70	74	1091	74
1974 - 1975	48	72	1150	70
Averages	52	65	1116	74

PART-TIME

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	27	61	426	29
1972 - 1973	24	25	296	20
1973 - 1974	24	26	381	26
1974 - 1975	19	28	504	30
Averages	24	35	402	26

Table 7. Averages for Full-time Students vs. Part-time Students over Years by Quarter.

FULL-TIME

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	56	69	1299	77
Winter	58	74	1276	80
Spring	56	74	1182	74
Summer	37	56	705	59
Averages	51	68	1115	74

PART-TIME

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	25	31	379	23
Winter	20	26	328	20
Spring	19	26	410	26
Summer	29	44	491	41
Averages	24	32	402	26

Table 8. Averages for Males vs. Females over Quarter by Year.

MALE

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	14	32	914	62
1972 - 1973	42	44	877	60
1973 - 1974	44	47	897	61
1974 - 1975	34	51	1052	64
Averages	34	45	935	62

FEMALE

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	30	68	564	38
1972 - 1973	53	56	589	40
1973 - 1974	50	53	575	39
1974 - 1975	33	49	602	36
Averages	41	55	582	38

Table 9. Averages for Males vs. Females over Years by Quarter.

MALE

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	30	37	1032	62
Winter	35	45	996	62
Spring	32	43	989	62
Summer	37	56	724	61
Averages	34	45	935	62

FEMALE

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	51	63	646	38
Winter	43	55	608	38
Spring	43	57	603	38
Summer	29	44	472	39
Averages	41	55	582	38

Table 10. Averages for Whites vs. Non-Whites over Quarter by Year.

WHITES

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	18	41	1195	81
1972 - 1973	45	47	1150	78
1973 - 1974	37	39	1157	79
1974 - 1975	26	39	1261	76
Averages	31	41	1190	78

NON WHITES

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	26	59	283	19
1972 - 1973	50	53	316	22
1973 - 1974	57	61	315	21
1974 - 1975	41	61	393	24
Averages	44	59	327	22

Table 11. Averages for Whites vs. Non-whites over Years by Quarter.

WHITES

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	35	44	1336	80
Winter	32	41	1259	78
Spring	32	43	1249	78
Summer	26	39	919	77
Averages	31	41	1190	78

NON-WHITES

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	46	56	342	20
Winter	46	59	345	22
Spring	43	57	343	22
Summer	40	61	277	23
Averages	44	59	327	22

Table 12. Averages for N.C. Residents vs. Non-N.C. Residents over Quarter by Year.

N.C. RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	44	100	1433	97
1972 - 1973	95	100	1411	96
1973 - 1974	94	100	1431	97
1974 - 1975	67	100	1613	98
Averages	75	100	1472	97

NON-N.C. RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	0	0	45	3
1972 - 1973	0	0	55	4
1973 - 1974	0	0	41	3
1974 - 1975	0	0	41	2
Averages	0	0	45	3

Table 13. Averages for N.C. Residents vs. Non-N.C. Residents over Years by Quarter.

N.C. RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	81	100	1620	97
Winter	78	100	1554	97
Spring	75	100	1551	97
Summer	66	100	1163	97
Averages	75	100	1472	97

NON-N.C. RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	0	0	58	3
Winter	0	0	50	3
Spring	0	0	41	3
Summer	0	0	33	3
Averages	0	0	45	3

Table 14. Averages for Wayne County Residents vs. Non-Wayne County Residents over Quarters by Year.

WAYNE COUNTY RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	36	82	1020	69
1972 - 1973	72	76	968	66
1973 - 1974	69	73	1001	68
1974 - 1975	56	84	1244	75

NON-WAYNE COUNTY RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
1971 - 1972	8	18	458	31
1972 - 1973	23	24	498	34
1973 - 1974	25	27	471	32
1974 - 1975	11	16	410	25
Averages	17	23	459	31

Table 15. Averages for Wayne County Residents vs. Non-Wayne County Residents over Years by Quarter.

WAYNE COUNTY RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	62	77	1119	67
Winter	61	78	1092	68
Spring	58	77	1133	71
Summer	52	79	888	74
Averages	58	77	1058	69

NON-WAYNE COUNTY RESIDENTS

	PROGRAM		COLLEGE	
	Raw	%	Raw	%
Fall	19	23	559	33
Winter	17	22	512	32
Spring	17	23	459	29
Summer	14	21	308	26
Averages	17	23	459	31

CHAPTER 12

POLITICAL PROPOSALS AND PERSONNEL PRODUCTS

Career Ladders: A study in ironies

This chapter represents approximately a decade in the history of the Mental Health Associate "movement" in the State of North Carolina. Rather than re-presenting this material through the perhaps jaundiced eye of the present author, it is reprinted as it originally appeared for public distribution.

The first section represents an early position of the State Department of Personnel for a career ladder in the mental health system. This work appears to rest primarily on a functional job analysis carried out in the mid-1960's by a consultant to the State Department of Mental Health, Dr. Robert Teare, from the University of Georgia. Dr. Teare studied under Sidney Fine from the Upjohn Institute on Employment Research, a prime mover in the field of functional job analysis. This first paper, "Position Descriptions for the Mental Health New Careers Program; North Carolina De-partment of Mental Health," was presented to the present author in the late 1960's by James Moncrief, a member of the staff of the central office of the State Department of Mental Health.

The next section presents a paper titled "Proposal for Career Develop-ment and Progression for Direct Patient Care Workers," which was prepared for the Legislative Research Commission by the North Carolina Office of Mental Health in March, 1972. The following paper is thought to have been a political response to the 1972 paper in the form of a Bill placed before the 1973 General Assembly of North Carolina. This Bill was killed in Com-mittee.

The fourth paper presented in this section, "Recommendations, Broad Minimum Guidelines, Training Objectives and Content for Proposed Patient Care Workers Classifications," was supposed to have been a refinement of the career ladder document which had appeared a year earlier. This paper was being finalized about the same time House Bill #513 was being discussed. The Career Ladder Bill was allowed to die in Committee based upon assurance that this paper already represented such a career ladder, and that enabling and funding legislation would only interfere with a smooth and orderly transition.

The fifth section of this chapter presents some of the relevant and related job descriptions of the North Carolina State Department of Personnel which were actually in effect during the years spanned by these earlier papers concerning career ladders and job classifications.

The sixth and final section presented here, a description of the "career ladder" which eventually was implemented, puts the icing on the cake of ironies. The reader is encouraged to carefully analyze these documents in the order in which they appeared within the system. The irony should become clear and apparent.

Perhaps the greatest irony is what is offered in the earlier 11 chapters of this report, especially the statewide survey of Mental Health Associates presented in the previous chapter. The irony is seen in the obvious success of Mental Health Associates in North Carolina, which oc-curred concomitantly with the political and personnel activities documented in this chapter. Mental Health Associates in North Carolina are alive and doing well--*without* [illegible]reer ladder! Think of how much better off clients would be if there *were* a Career Ladder!

Position Descriptions for the Mental Health New Careers Program
North Carolina Department of Mental Health

Name of Position: Mental Health Worker

Background Information:

The "Mental Health Worker" series, in the North Carolina Department of Mental Health, combines the roles and functions of a community mental health aide and a psychiatric aide/attendant in the hospital or in-service settings. This combination into a continuous career series has been brought about by recent conceptual developments in the Department of Mental Health. The most important of these developments are:

1. the decentralization of the system into geographic regions and areas;
2. the creation of units in the hospitals to correspond to these geographic areas;
3. the development of semi-autonomous mental retardation, alcoholic rehabilitation, and community mental health centers to serve the above mentioned geographic areas.

Consequently, mental health workers will be assigned to a variety of settings in the future. In addition, a given worker may work in a psychiatric hospital several days a week and spend the remainder of his time in an ARC, MRC, or CMHC. Regardless of his work setting, the mental health worker is being viewed as an increasingly important member of the psychiatric team. With proper training and experience, he can make substantial contributions to all aspects of the treatment plans for the client.

Although the specific nature of his duties will vary from setting to setting, the primary objectives of the mental health worker's job is to:

1. engage in "outreach" activity at the community level;
2. function as a member of the in-patient treatment team for both chronic and acutely disturbed clients;
3. facilitate the client's transition from psychiatric treatment to independent productive living in his community.

General Description of Duties:

The mental health worker will have a variety of duties to carry out. These duties cluster into seven major functional areas. (The percentage of time and level of effort a given worker spends in each area will vary as a function of his setting (hospital, ARC, MHC, or CMHC) and his level on the Career Ladder.) The major functional areas listed below are:

1. Personal Care of Clients: These activities include a range of tasks that are designed to aide the patient in caring for his personal and bodily needs. Activities are primarily of a non-medical nature. These tasks include bathing, shaving, and feeding patients, transporting patients from various points (in and out of care setting), assisting with grooming and personal hygiene, and providing for physical needs.

---

[1] For ease of description, the following abbreviations will be used:
Mental Retardation Center -- MRC
Alcoholic Rehabilitation Center -- ARC
Community Mental Health Center -- CMHC

2. Medical Care of Clients: Again, a wide range of activities are included in this area. Medical care activities include giving medications, carrying out routine medical admissions examinations, collecting specimens, and assisting with I.V.'s, clysis, oxygen, catheterization, enema, and ECT procedure.
3. Therapeutic and Behavior Change Activity: This is the central core of the mental health worker series. In a sense, all activities are subordinated to the therapeutic mission of the care system. Activities range from simply establishing rapport with the client to planning and directing a therapeutic program of behavior modification. Activities include stimulating patient activity, giving selective rewards for behavior, controlling disturbed patients through restraints and seclusion, role-modeling behavior and reality demonstration. In out-patient settings, worker serves as confidant, helps client work out problems with family members, employers, and other members of the community, helps him to interpret and cope with events in his life.
4. Supervision and Administration: Activities in this area increase in scope and vary in kind at different levels in the mental health worker series. At lower levels, the worker will be responsible for supervising and planning the activities of a limited number of personnel. At the highest level, he may be responsible for supervising the personnel of an entire unit or, in a CMHC, may be assisting the center administrator. Activities range from keeping tract of inventories, making task and shift assignments to personnel, evaluating personnel performance to planning program activities for a CMHC, preparing budget requests, and designing service components.
5. Information Processing-Research: This area covers a wide range of duties. At initial levels of the career ladder, the duties include activities currently carried out by aides and attendants. This involves the collection of census data, processing of supplies, charting medications, and collection of patient information. At the higher levels, particularly in ARC, MRC, CMHC settings, activities involve collecting data about family background, community conditions and needs, and planning and carrying out research programs of various kinds.
6. Training-Education: The training function ranges from simple orientation and OJT to carrying out educational activities in formal education programs. At lower career levels, workers are responsible for providing orientation training to new workers. This involves OJT for procedures and practices in the unit or service. At intermediate levels in the ladder, the mental health worker assists with in-service training programs in both the hospital and the decentralized settings (ARC, MRC, and CMHC). At the highest level, the worker helps to plan curricula and assists in formal training programs for workers and also participates in programs of public instruction for families and members of the community.
7. Community-Centered Activity: Like the behavior change activity, this is an important core of the mental health worker series. At lower levels, the worker serves as a broker in that he provides information on available services, helps to initiate referrals, makes home visits to families during hospitalization and out-patient treatment. At higher levels, he takes a more active part in after-treatment followup. He assists people in making financial

arrangements, monitors progress at home or at work and helps with employment and social adjustment problems. In the CMHC settings, the worker is involved in "outreach" activity. Here, he aids in identifying people in the community who have mental health problems and corrects them with sources of help. He serves as a mental health consultant to youth groups, social clubs, PTA's, and other community organizations.

Key Concepts in the Career Series

The mental health worker series must be viewed as a career ladder involving both a graduated progression of skill and responsibilities as well as a shift in emphasis in duties and tasks.

This sequence is depicted in the accompanying figure (Figure 1.).

Specific Preliminary Descriptions of Job Duties

Mental Health Associate I (MHA I).

General Nature of Work

In many respects, duties are similar to present Psychiatric Attendant. At this level, the primary focus of the attendant is on the unit or service area. (MHA I is service-oriented.) MHA 1 is primarily responsible for the personal care of the patient and for his routine medical needs. He works under the close supervision of the MHA III. He is usually assigned initially to a centralized facility where custodial needs for geriatrics and chronic patients are great. Throughout this experience, his training is designed to emphasize an understanding of patient behavior and the use of personal care activity (bething, grooming, etc.) as a means of establishing contact with patients. He also has limited supervisory responsibility for housekeeping workers.

Illustrative Examples of Tasks

- -Routine bathing, feeding, and grooming of patients.
- -Teaching personal hygiene skills designed to help patient become independent in personal careare when possible.
- -Takes patient for weeks and carries out general transportation duties (to x-ray, OT, PT, etc.)
- -Makes routine observations of patients during activities, learns to interpret cues to anticipate problems and mood swings.
- -Gives and charts routine medications.
- -Collects specimens-samples.
- -Inventories ward/unit supplies and catalogs personal articles.
- -Gives routine, non-technical reports (nursing notes) concerning patient activity during shift.
- -Inspects ward/unit for cleanliness and security procedures.

Mental Health Associate II (MHA II)

General Nature of Work

At this level, Associate is assigned to a specific group (8 to 12 people) of patients. (MHA II is patient-oriented.) Assignments are more likely to be to more acute patients or to new admissions. Here, he is responsible for total patient needs. Time spent in routine personal care is minimal except as needed to establish contact or rapport with patient. Serves as a personal link between patient and other personnel (recreation, OT, PT, psychiatric staff.) Responsible for collecting, collating, and presenting information about patient activities and progress. Spends a significant amount of time in shaping individual and group behavior. Works under loose supervision of MHA III, except for behavior change activity where supervision is closer.

Illustrative Examples of Tasks

- -Orients patients to ward/unit/center as they are admitted.
- -Through conversation, interviews, orientation, establishes personal link to patient.
- -Assists with routine admission procedures.

- Carries out routine physical examinations.
- Accumulates, through interviews and conversation, detailed personal history of patient.
- As he learns patient needs and problems, helps other personnel (recreation, OT, PT, therapists) to plan programs and activities for patients.
- Works with his patients to build a meaningful group. Encourages them to function as a group through discussions and planned activities.
- Schedules, arranges, and coordinates services for the patients in his care. If necessary, serves as their advocate.
- Carefully observes patients' behavior under a wide variety of conditions.
- Based on moods and needs of groups, makes recommendations for programs and services and, in some instances, coordinates with physician nurse for changes in medication.
- Summarizes all progress notes for his group.
- Makes presentation for his clients at staff conferences.
- Sits in on group therapy activity.
- Helps to conduct orientation training for MHA I.

Mental Health Associate III (MHA III)

General Nature of Work

This worker has primary responsibility for the activities of the MH I and MH II workers at the ward level in either the service or unit. In many of his activities, he serves as an advisor and consultant to the workers under his supervision. He is responsible for information flow, inventory control, staffing assignments and evaluation at the ward level and, under the direction of the mental health worker IV, he is responsible for the activity of his subordinates in the Behavior Change-Modification areas. He carries out on-the-job (OJT) training for MHA I and II workers in ward procedures, and seclusion policies and procedures. He helps the MHA II evaluate on progress of group activities and assists the MHWIV and psychiatric staff in planning and coordinating behavior modification activities. In conjunction with MHA II, he serves as a communication link with the patient's family, relatives and associates. He is also responsible for making personnel performance evaluations of the MHA I and MHA II workers under his supervision.

Illustrative Examples of Tasks

- Participates in regular OJT and in-service training as an instructor in ward procedures, policies, and practices.
- Teaches techniques in observation and interpretation of behavior.
- Orients workers to information flow in the ward/unit.
- Carries out periodic personnel evaluations of his subordinates and feeds-back and discusses corrective measures.
- Makes general work assignments to MH I and MH II personnel.
- Advises MH I workers in supervising housekeeping activities and housekeeping workers.
- Maintains and monitors supplies, drug and medication inventories.
- Helps MHA II personnel in evaluating their activities with small patient groups.

- At regular intervals, works with family visitors to feed-back progress and get clues as to potential problems upon release or transfer to out-patient settings.
- Supervises non-routine medication or medical procedures in conjunction with nursing staff.
- Coordinates all group progress notes and prepares periodic ward summaries as to activities, progress, and problem conditions.

Mental Health Worker IV (MHW IV)

General Nature of Work

In centralized care settings (i.e., hospitals), this employee serves as direct supervisor of MHA III. He is responsible for coordinating all mental health workers (trainees and associates) at the unit level. In decentralized settings (ARC, MRC, CMHC), there are several alternative thrusts to this position. Determination of directions will vary from setting to setting and will be part of the discretionary aspects of this position and those of the MHW V and MHW VI. These positions will take their supervision from the center assistant administrators (MHW VIII) and from center directors. At this level, more intensive involvement with community activity and outreach begins. The MHW IV also becomes involved with more formal training programs. Information processing activity begins to shift away from inventory control and moves into data collection about patients, community activities, and environmental problems.

Illustrative Examples of Tasks

- Makes personnel assignments and schedules to various wards in units (or services in center) depending on needs and availability of staff.
- Serves as link between center (unit) and the families and associates of patients.
- Makes home visits to patients after hospitalization and during out-patient care.
- Assists patients in making adjustment to family and employment setting and helps to identify any problems.
- Serves as link for patient between center and other agencies in the community.
- Provides information on available services and initiates referrals to other service programs when additional services are required.
- Works with center staff to help plan and carry out group therapy sessions with relatively trouble-free patients.
- Assembles and collates information about patient and family needs and helps plan services to meet these needs.
- Through subordinates, follows-up client to see that services are received.
- Works with MHA II and MHA III personnel to help design and plan in-service training programs.

Mental Health Worker V (MHW V)

General Nature of Work

In the centralized work setting, an employee in this classification works with more disturbed patients or with multi-problem patients. As needed, the employee may alternate between the units in hospitals and the community-based centers. In the centers, a worker at this level has a significant involvement in outreach and community-centered activities. With greater experience and more knowledge of psychopathology, the worker will spend a considerable amount of time working to detect people with psychiatric problems in the community. This worker can function, whenever possible, in dealing with emergency situations (ie., potential suicides) and in bringing people through crisis. The MHW V is more actively involved in the conduct of behavior modification programs while under the general direction of the psychiatric staff. Part of his responsibilities involve working with the community college programs in the practicum course areas.

Illustrative Examples of Tasks

- Works as liaison to other community agencies (courts, juvenile/day-care centers, general hospitals).
- Whenever possible, works with psychiatric emergencies at community level (potential suicides, criminal disorders, highly disturbed alcoholics).
- Follows-up problem patients who are not cooperating with or benefiting from treatment.
- Serves as referral contact for persons/groups needing help from centers.
- Attends and participates in group sessions of patients and offers consultation and advice to MHA II and MHA III workers.
- Assists the community college training programs with instructions in the practicum courses.
- Under direct supervision of psychiatric staff, assists in carrying out and conducting sessions in behavior modification.

Mental Health Worker VI (MHW VI)

General Nature of Work

An employee at this level receives only general supervision from MHW VII. This worker spends most of his time working directly with behavior modification and psychotherapy programs. In addition to conducting sessions, he works with subordinates (while being supervised and trained) to evaluate patient progress and modify programs as needed. Community involvement is still heavy, but the emphasis is on determining needs rather than on providing direct services. He supervises the MHW IV and V in their outreach and linkage activities. He may be responsible for carrying out limited studies and surveys at the community level in order to determine unmet needs and areas or new services. He works in association with community college programs but, in addition to instruction, he may help plan and evaluate the curriculum.

Illustrative Examples of Tasks

- Gives general supervision and instruction to MHW IV and V in their outreach work. Helps them to plan activities and advises them on approaches for dealing with problem patients.
- In behavior modification programs, helps subordinates to

formulate reasonable goals and, in conjunction with psychiatric staff, helps to set up reward schedules, incentives, and behavior change strategies.

-Works with research and program planning people to administer surveys, conduct interviews, and probe clients for program evaluation and service planning.

-Serves as instructor in community college programs in practicum courses and, in conjunction with college personnel helps plan curriculum around work experience at centers and units.

-Prepares reports and summarizes data on programs and personnel for presentation to administrative staff.

Mental Health Worker VII (MHW VII)

General Nature of Work

This employee is responsible for the supervision of mental health workers IV through VI. In conjunction with Assistant Administrator (MHW VIII). Makes staffing assignments to centers, unit, wards, coordinates workers from center to center, and helps plan patient-staff patterns. At the community level, he is responsible for working with various community groups (YMCA, YWCA, churches, schools, youth groups, gangs) as a mental health consultant. Whenever possible, works closely with programs of instruction to the general public in the community. With technical supervision, this employee helps to plan and design research activities on methods, techniques, and programs. He may carry out behavior modification programs off-site with little or no direct supervision.

Illustrative Examples of Tasks

-At regular intervals, prepares projected staffing assignments for all mental health workers at center.

-In conjunction with Assistant Administrator, collates and reviews performance appraisals of workers and makes recommendations for promotion and salary increases.

-Meets regularly with youth groups, parents, church and civic groups as consultant. Conducts discussion groups dealing with mental health problems and center activities.

-Through talks and lectures, attempts to modify attitudes of general public concerning mental illness and problems faced by patient.

-Prepares training materials for in-service and Jr. & Sr. college programs.

-Designs questionnaires, surveys, interview schedules for research and information activities of center and/or units.

Mental Health Worker VIII (MHW VIII)

General Nature of Work

At this level, the employee has a heavy involvement in administrative activity. He reports to and works directly under the Center and/or Unit Director. He helps prepare budgets, carry out program projections, advises on the design and expansion of facilities, and monitors cost control. Away from the center and/or unit, he works with community leaders and may, when directed, represent the center and/or unit at budget hearings and community meetings. He may serve as a consultant to larger public agencies, school boards, industrial organizations, and etc.

Illustrative Examples of Tasks

- Serves as coordinator and link between mental health workers and center director. Moderates disputes as needed.
- Based on findings from studies and surveys, converts recommendations for staff and programs into cost projections.
- Coordinates staff needs and manpower projections with colleges and training centers.
- Sits in on community planning councils and regularly attends appropriations meetings, bond issue hearings, and citizens group meetings. Interprets and advises center director on policy and program implications.
- Works with research personnel to insure that data affecting policy decisions are being collected and analyzed.
- On a regular basis, confers with Director and briefs him on center's needs, progress, and problems.

PROPOSAL FOR CAREER DEVELOPMENT AND PROGRESSION
FOR DIRECT PATIENT CARE WORKERS

PREPARED FOR THE
LEGISLATIVE RESEARCH COMMISSION

by
THE NORTH CAROLINA OFFICE OF MENTAL HEALTH
March 28, 1972

CONTENTS

I. INTRODUCTION

II. RECOMMENDED PATIENT CARE WORKER CLASSIFICATION

III. PROPOSED QUALIFYING INSERVICE TRAINING PROGRAMS

IV. ESTIMATED COSTS OF INSERVICE TRAINING PROGRAMS

V. ESTIMATED COSTS TO RAISE EMPLOYEES' INCOME TO RECOMMENDED GRADES

VI. APPENDICES

I. INTRODUCTION

This report proposes a plan for career development and progression for direct patient care workers not formally educated and credentialed in one of the academic health or mental health disciplines. Although prepared specifically at the recent request of the Legislative Research Commission, its recommendations are based in large part on work done over the past year by the several Committees, groups and persons referred to in the report.

The basic elements of the proposed plan are presented in separate sections and deal with:

1. classification and pay grades based on a detailed analysis of levels of responsibility in different skill areas;
2. inservice training programs to prepare employees for these levels of responsibility in differing skill areas;
3. costs of expanding present inservice training programs for this purpose and
4. costs for adjusting employees' income to the recommended grades.

There are several features of the proposed classification for direct patient care workers that should be emphasized.

1. the positions identified rest upon a combination of activities and duties currently being performed by employees and those that will become more prominant with the planned role expansion at the higher evels of responsibility.
2. Role expansion and provision through approval of requests to the 1973-75 legislature for adequate housekeeping personnel may well lead to elimination of the need for continuing the mental health assistant I.
3. Provision is made through multiple patterning for an employee to qualify in several ways for a given classification level; i.e., various amounts and kinds of experience or education. This report, however, stresses the availability to the worker of planned inservice training as a means for progressing vocationally while employed.
4. Provision is made for employee progression and specialization in either clinical or administrative skills and responsibilities. Thus at level V the Mental Health Technician II and the Mental Health Supervisor I are paid equivalent salaries, enabling employees to develop their preferred abilities and intersts without financial sacrifice and to the mutual benefit of themselves and their institutions.

Finally, it should be noted that the Office of Mental Health has been working for some time on a mental health generalist series for employees at all levels that stresses classification by levels of responsibility for particular skill and knowledge areas. The basic recommendations of this report constitute a portion of that more comprehensive effort which should be completed in the near future.

II. RECOMMENDED PATIENT CARE WORKER CLASSIFICATION

This section presents recommendations developed by the Patient Care Worker Committee. This Committee, formed in May 1971, working under the direction of Mr. Warren Tillman and consisting of Mr. Robert Dominick, Mr. Thomas Lane, and Mr. Lamonte Mitchell of the State Personnel Department, conducted an intensive study of the positions of direct patient care workers in our regional hospitals and centers for the retarded. In each institution studied this committee was assisted by a local committee consisting of representatives of nursing service, attendants, charge attendants and personnel. There were separate local committees for the regional hospitals and the centers for the retarded. Their work has been presented to the Manpower Committee of the Department of Mental Health on a number of occasions, and their recommendations carry the approval of the Manpower Committee. This committee under the chairmanship of Miss Helen Tighe, Nursing Consultant, consisted of Mr. Ernest Tilley, Personnel Office; Dr. Granville Tolley, Director of Professional Training and Education; Dr. William Thomas, Psychology Consultant and Mrs. Quinn Murray, Social Work Consultant.

Although assisted throughout by a representative of the State Personnel Department, it is essential to keep in mind that these recommendations have not yet been approved by the State Personnel Department.

Following a summary display chart are the more detailed specifications for each level in the proposed classification series.

SUMMARY CHART

PROPOSED PATIENT CARE WORKER CLASSIFICATION

Classification	Salary Grade	Duties	Education & Experience
Mental Health Assistant I	53 (4764 - 5964)	Routine beginning level patient care	Ability to read, write and follow simple oral and written instructions.
Mental Health Assistant II	56 (5448 - 6852)	Advanced patient care not involving administering medications or formal training or therapy for clients	Ability to read, write, six months experience as Mental Health Assistant I or equivalent and completion of in-service training requirement
Mental Health Technician I	58 (5964-7500)	Journeyman level patient care. Variety of nursing and psychiatric care including giving routine medication under supervision	High school or equivalent and six months as trainee or two years experience in Direct Patient Care and completion of inservice training requirement
Mental Health Technician II	60 (6540-8208)	Lead Worker. Limited supervision and evaluation of lower level employees. Implementing non-professional psychiatric and nursing duties.	High school or equivalent and two years experience as Mental Health Technician I or equivalent combination or LPN with one year experience or A.A. in Mental Health and one year experience and completion of in-service training requirement.
Mental Health Technician III	62 (7164-9000)	Clinical or Inservice Education Specialist.	High school or equivalent lent and three years clinical experience or equivalent combination of educa- and experience and completion of inservice training requirement.
Mental Health Supervisor I	62 (7164-9000)	Administration and supervision on shift. Responsible for lower level employees under supervision.	High school or equivalent and three years supervisory or administrative experience (One year must be in Mental Health facility or equivalent combination of education and experience and completion of inservice training requirement.

Classification	Salary Grade	Duties	Education & Experience
Mental Health Supervisor II	64 (7848-9852)	24 hour administrative and supervisory responsibility.	High school or equivalent and four years supervisory or administrative experience including two years in Mental Health facility or degree from four year college or university or equivalent combination and completion of in-service training requirement.

MENTAL HEALTH ASSISTANT I

Work in this class involves performing routine, repetitive patient care duties in a mental health facility. Employees are responsible for duties involving housekeeping, personal care and grooming, and patient observation and protection on an assigned shift.

Examples of work performed:

Bathes, changes and dresses patients, serves meals, spoons or bottle feeds.
Observes patients for changes in physical and mental condition and reports to higher level patient care worker.
Assist in providing emergency treatment for seizures and accidents in accordance with established procedures.
Sweeps, mops, scrubs walls, blinds, bathrooms and other facilities as required.
Folds and puts away laundry and linens, may wash and iron clothing.
Handles soiled laundry and linens.
Take vital signs.
Escort patients to various areas within the facility or on facility grounds.
Secure routine (non-clean) lab specimens.
Performs related duties as required.

Education and Experience:

Ability to read, write and follow simple oral and written instructions.

Salary Grade 53 (4764-5964)

MENTAL HEALTH ASSISTANT II

Work in this class involves performing a variety of routine repetitive patient care duties in a mental health facility.

Employees are responsible for routine patient care duties involving housekeeping, personal hygiene, patient observation and protection, preparing reports, maintaining supplies and assisting in giving medications for a group of residents or patients.

Examples of work performed:

Would perform the same tasks as indicated at Level I plus:
Routine written and oral reports, such as, census report, incident reports and adjustment reports.
Assist patient in self help skills in a non-structured program.
Assist in giving routine medications.
Performs related duties as required.

Education and Experience:

Ability to read, write, six months experience as Mental Health Assistant I or equivalent.

Salary Grade 56 (5448-6852)

MENTAL HEALTH TECHNICIAN I

Work in this class involves performing a variety of non-professional nursing and psychiatric care duties in a mental health facility. Employees are responsible for duties involving personal hygiene, patient observation and protection, preparing reports, maintaining supplies. Employees also administer routine medications under the general supervision of a nurse, doctor, or higher level patient care worker.

Examples of work performed:

Perform the same duties as Level I and II plus the following:

In a psychiatric hospital Give oral and I.M. medications and chart, take vital signs, suction patients, assist with ECT, remove sutures, administer oxygen by mask or tent, remove fecal impactions, perform EKG's, check urine acetone and sugar, give enemas and douches, collect routine laboratory specimens. May also involve limited therapy and psychiatric treatment and limited community involvement under supervision.

Take patients on walks, shopping, camping, swimming and other recreational activities under the direction or supervision of a higher level patient care worker or professional.

At A Center For Retardates

In medical areas perform medical procedures described in psychiatric hospital in non-medical areas would perform the following tasks:

Arrange and prepare physical setting, prepares necessary equipment for children. Gather supplies such as toothbrushes, toothpaste, soap, etc. Prepare lists of children to be seen by physicians on rounds and gather records for the physician. Escort children to be seen by doctor at clinics or make necessary arrangements for children to get to clinics. Make or change appointments as necessary for children at dental offices, clinics, barber and beauty shops.

Take patients on walks, shopping, camping, swimming and other recreational activities under the direction or supervision of a higher level patient care worker or professional.

See that the residents are taken for these appointments or take and keep records of services received by residents and communicate to other patient care workers.

Keep inventory or supplies for cottage unit and replenish supplies as necessary by completing requisitions. Complete requisitions on equipment that is in need of repair.

Maintain clothing and inventory and request additional clothing as needed. Keep patient charts in order and up to date. Record home visits, clinic visits, etc.

Note changes in doctors orders, complete appropriate forms to communicate information to other cottage personnel.

Perform related duties as required.

Education and Experience:

High school or equivalent and six months as trainee or 2 years experience in Direct Patient Care.

Salary Grade 58 (5964-7500)

Note: LPN applicants may be employed at second step of range.

Associate of Arts in Mental Health may be employed at third step of range.

MENTAL HEALTH TECHNICIAN II

Work in this class involves limited supervision of lower level employees and participation in the implementation of non-professional nursing and psychiatric duties in a mental health facility.

Employee serves as lead worker and is responsible for limited on the job training and assisting and evaluating employees in performance of their duties. Employees are also responsible for carrying out formal training programs in the self help skills or social skills for residents for a retardate center.

Examples of work performed:

May do all the duties as described for levels I through III plus:

Medical Areas

Maintain IV fluids and blood transfusions, lavage and gavage patients.
Start and maintain nasal oxygen.

Psychiatric Areas:

Management of ward, supervising patients, checking patient's conditions, checking sanitary conditions of the ward.
Supervise or direct other employees in their duties on the ward or carry out duties independently.
Requisition drugs and supplies for individual ward.
Limited involvement in therapy, would be expected to continue therapeutic approach of patient developed by higher level staff members.
Participate in writing or write nursing care plan.
Provide on-the-job training and direction for new employees. May have limited community involvement under the supervision of higher level or professional staff members.
Write progress notes and other reports required on ward.

Retardate Center

As a member of a multidiscipline team assist in identifying training needs for residents by evaluating residents behavior and ability to perform certain tasks.

Assist in planning a training program for residents. Implement formal training program in self help skills or social skills for residents. Make periodic reports to higher level personnel regarding patients progress and behavior.

Education and Experience:

High school or equivalent and 2 years experience as Mental Health Technician I or equivalent combination or LPN with one year experience or A.A. in Mental Health and one year experience.

Salary Grade 60 (6540-8208)

MENTAL HEALTH TECHNICIAN III

Work in this class involves performing responsible non-professional psychiatric care duties in a mental health facility. Employees are responsible for duties involving formal group or individual therapy programs, formal behavior modification programs, formal inservice education on a unit or service at a state mental health facility.

Examples of work performed:

At A Psychiatric Hospital:

Acts as a co-therapist in a formal group therapy program or may be involved in individual therapy.
Independently provide services in the community after care. Visit local mental health facilities, boarding homes, alone to provide direct patient care or to assist in planning and implementation of programs at the local facility.
Would be responsible, under the supervision of professional, for planning or organizing in-service education program for a unit. Would be responsible for conducting formal inservice classes at the unit level.
May assist or conduct classes in formal inservice training program at a facility.

Mental Health Center for Retardate

Responsible for specification, execution, evaluation of individualized behavior modification and behavior management program for retarded children. Train lower level patient care workers in training techniques.
Follow up on training programs to see that techniques are carried out.
Present training needs of children to multi-discipline team.
Evaluate and communicate progress and problems of training programs to the team.
Assist and work with the higher level team members in dealing with situations which interfere with training of residents.
Assist inservice education instructors in class lectures to lower level personnel on behavior modification program.
Work with parents to communicate training program and assist parent in learning techniques of training methods used in the center so that program may be carried on after residents leaves center.

Education and Experience:

High school or quivalent and 3 years clinical experience or equivalent combination of education and experience.

Salary Grade 62 (7164-9000)

MENTAL HEALTH SUPERVISOR I

Work in this class involves administrative and supervisory responsibilites for a group of wards or cottages at a mental health facility. Employees are responsible for lower level employees on an assigned shift under the general supervision of a higher level administrator or unit director.

Examples of work performed:

Assign personnel to various patient care areas, make changes in assignment or special assignments if necessary.
Handle grievances and complaints from employees.
Interview perspective employees and evaluate suitability for employment.
Recommend employees for employment, promotion or merit increments.
Receive patient complaints, investigate and take appropriate action.
Discipline employees as necessary.
Evaluate employee performance. Receive requisitions for drugs and supplies from lower level employees and take action.
Inspect patient areas for cleanliness, request equipment or building, repair needs. Assist in planning and implementation of on the job training program for lower level employees.
Make known needs of additional personnel, additional or new equipment for ward ares.
Perform related duties as required.

Education and Experience:

High school or equivalent and 3 years supervisory or administrative experience (one year must be in Mental Health facility), or high school and 2 year supervisory or administrative experience in Mental Health facility or equivalent combination of education and experience.

Salary Grade 62 (7164-9000)

MENTAL HEALTH SUPERVISOR II

Work in this class involves responsible administrative and coordinative responsibilities for a unit or group of cottages at a mental health facility. This position would either have total responsibility to a Director of Cottage Life for a shift at a center for retardates or would have 24 hour responsibility for a unit in a psychiatric hospital. Employee would be responsible for lower level employees administratively, and would coordinate the duties and responsibilities for lower level administrative supervisors in the assigned area of responsibility.

Examples of work performed:

Plan, coordinate, direct, and assign the work of a large staff of lower level personnel involved in direct patient care.

Supervise ward activities, check conditions of patients, make rounds of wards or cottages to determine physical condition of facilities, to determine needs and see that maintenance needs are met.

Interprets and maintains facility rules and regulations.

Suggest policy and regulation changes as needed.

Oversee the training of new employees and assist in determining training needs.

Evaluates performance and reviews evaluations made by lower level supervisors; promote the development of personnel.

Interviews applicants for employment.

Handle a wide variety of activities and problems related to the daily care of patients as they occur or are assigned.

Participates in patient treatment planning for unit and assists in planning activities programs for patients with other departments. Participates in budget planning in area of responsibility. Keeps necessary records and prepares necessary reports.

Performs related duties as required.

Education and Experience;

High school or equivalent and four years supervisory or administrative experience including 2 years in Mental Health facility or degree from four year college or university or equivalent combination.

Salary Grade 64 (7848 - 9852)

III. PROPOSED QUALIFYING INSERVICE TRAINING PROGRAMS

This section consists of a summary display of the basic content areas recommended for inservice training programs designed to qualify workers at each level for satisfactory execution of their duties at that level and as preparation for further advancement. It represents a collation and integration of material submitted by the institutions, the Patient Care Worker Committee and the Manpower Committee.

Varying portions of the recommended content are part of the inservice training programs in our institutions at the present time although there is wide variation among institution regarding the intensity of training activities in any given content area. Nevertheless, there is a substantial identifiable core curriculum, and the inservice training directors from the institutions will continue to work collectively to produce training objectives and a core curriculum that will set minimum standards for each institution. Identification of these objectives and establishing the core curriculum will be achieved during the current fiscal year, but is not available for inclusion in this report. It will be available as an addendum later this spring.

A selection from materials compiled by each institution for use in this report is appended to these recommendations and may be consulted for more detailed information regarding content areas, instructional activities and staffing patterns for inservice programs. In order to conserve space no section is intended to present a complete picture of training activi and plans at any institution.

SUMMARY CHART

PROPOSED INSERVICE TRAINING

CONTENT AREAS

for

REGIONAL HOSPITALS

Position Level	Classification	Content Areas
Level I	Mental Health Assistant I	Orientation - Job Responsibilities Personal Care - Hygiene Relationships Care of Environment
Level II	Mental Health Assistant II	Fundamentals of Patient Care Pharmacology - Medications Mental Health - Illness
Level III	Mental Health Technician I	Principles of Supervision Leadership Ward Management Advanced Treatment Techniques
Level IV	Mental Health Technician II	Advanced Management Advanced Patient Care (Group Process) Teaching Principles Staff Development
Level V	Mental Health Technician III	Interviewing Advanced Training in individual therapeutic, educational and group care practices
	Mental Health Supervisor I	Interviewing Staff evaluation Advanced Management
Level VI	Mental Health Supervisor II	Advanced Supervision Team Building and other task group skills Advanced Management

IV. ESTIMATED COSTS OF INSERVICE TRAINING PROGRAMS

This section displays a compilation of the individually submitted budgets from the institutions covering estimated personnel and other teaching costs. These budgets reflect estimates of requirements in addition to present resources in order to achieve an adequate qualifying inservice training program for the recommended classification levels. The considerable variation in budgets reflect existing differences among already available resources in the various institutions.

One-hundred, thirty-five positions would be held aside for implementing the training program from the number of new positions being requested for the next biennium.

ESTIMATED COSTS FOR IN-SERVICE TRAINING PROGRAM

MENTAL HOSPITALS	Broughton	Cherry	Dorothea Dix	John Umstead	Total
Salaries and Wages					
Instructors	(1) 9,000		(1) 9,420	(4) 36,000	54,420
R.N.		(3) 27,000			27,000
Aide	(4) 20,832	(1) 7,500		(10) 52,080	80,412
Secretarial	(1) 4,980	(1) 6,852		(1) 4,980	16,812
TOTAL	34,812	41,352	9,420	93,060	178,584
Retirement	3,117	3,701	843	8,329	15,990
Social Security	1,811	2,151	408	4,840	9,210
TOTAL (Personnel)	39,740	47,204	10,671	106,169	203,784
Supplies	1,000	1,100	1,000	1,000	4,100
Equipment	62,000	1,000	1,000	1,500	65,500
General Expense	1,000	2,170	1,000	1,000	5,170
Travel	1,000	1,000	1,000	1,000	4,000
Renovations	40,000	———	———	———	40,000
	105,000	5,270	4,000	4,500	118,770
GRAND TOTAL (Personnel and Non-Personnel)	144,740	52,474	14,671	110,669	332,554

ND TOTAL (Personnel and Non-Personnel 33[illegible]4

CENTERS FOR MENTALLY RETARDED	CASWELL	MURDOCH	O'BERRY	WESTERN CAROLINA	TOTAL
Salaries and Wages					
Instructors	(2) 19,656	(1) 8,208	(7) 78,700		86,908
R.N.		(2) 18,852		(4) 37,680	56,532
Aide		(10) 59,640	(6) 39,360		99,000
Secretarial		(1) 4,980	(2) 11,460	(1) 4,992	21,432
TOTAL	19,656	91,680	129,520	53,004	293,860
Retirement	1,760	8,206	11,592	4,744	26,302
Social Security	1,023	4,724	5,919	2,687	14,353
TOTAL (Personnel)	22,439	104,610	147,031	60,435	334,515
Supplies	1,000	2,200	7,200	2,350	12,750
Equipment	1,000	1,000	1,000	1,000	4,000
General Expense	1,000	1,000	2,500	1,000	5,500
Travel	1,000	1,000	4,000	1,000	7,000
TOTAL	4,000	5,200	14,700	5,350	29,250
Renovations					
GRAND TOTAL (Non-Personnel) (Personnel)	26,439	109,810	161,731	65,785	363,765
GRAND TOTAL (Personnel and Non-Personnel)					363,765

ALCOHOLIC REHABILITATION CENTER	ARC - BUTNER	ARC - GREENVILLE	ARC - BLACK MOUNTAIN	Total
Salaries & Wages Instructors	(1) 9,000	(1) 9,000	(1) 9,000	27,000
TOTAL	9,000	9,000	9,000	27,000
Retirement	805.50	805.50	805.50	2,416.50
Social Security	468.00	468.00	468.00	1,404.00
TOTAL (Personnel)	10,273.50	10,273.50	10,273.50	30,820.50
Supplies	500.00	500.00	500.00	1,500.00
Equipment	1.000.00	1,000.00	1,000.00	3,000.00
General Expense	500.00	500.00	500.00	1,000.00
Travel	500.00	500.00	500.00	1,500.00
TOTAL (Non-Personnel)	2,500.00	2,500.00	2,500.00	7,500.00
GRAND TOTAL (Personnel and Non-Personnel)	12,773.50	12,773.50	12,773.50	38,320.50

Mental Hospitals	332,554.00
Centers for Mentally Retarded	363,765.00
Alcoholic Rehabilitation Center	38,320.50
Grand Total	734,639.50

GENERAL ASSEMBLY OF NORTH CAROLINA

1973 SESSION

House Bill 513*

Short Title: Career Ladder. (Public)

Sponsors Representatives Soles, Tally, and Messer.

Referred to: Mental Health

March 1

A BILL TO BE ENTITLED

AN ACT TO PROVIDE A CAREER LADDER FOR ATTENDANTS IN STATE MENTAL HOSPITALS AND RETARDATION CENTERS, TO CREATE THE POSITION OF FORENSIC ATTENDANT, AND, TO PROVIDE MORE HOUSEKEEPING PERSONNEL.

Whereas, the Senate in Senate Resolution 871 of 1971 has directed the Legislative Research Commission to make a complete in-depth study of the Department of Mental Health and related programs and to make recommendations to the General Assembly; and

Whereas, the Legislative Research Commission has noted in its report on mental health that the quality of public mental health service in the State is essentially the quality of the staff who provide it; and

Whereas, the Commission has found problems with respect to staffing and staff development within the Department of Mental health, including lack of advancement incentive for attendants and cottage life personnel at State mental hospitals and mental retardation centers, a high turnover of trained attendants in forensic units of State mental hospitals due to higher salaries offered by the Department of Correction, and an excessive amount of time spent by attendants in housekeeping tasks rather than in direct work with patients; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. Short title. This act may be cited as the Mental Health Attendant Career Ladder Act of 1973.

Sec. 2. Purpose of act. The purpose of this act is to provide advancement and learning incentives to attendants and cottage life personnel of the State Department of Mental Health by creating a career ladder with salary incentives for training and education, to provide sufficient funds so that a position of Forensic Attendant can be created at the same pay level as that of Security Officer in the Department of Correction, and to increase the number of housekeeping staff in the Department of Mental Health so that more of the time of attendants and cottage life personnel can be spent working directly with patients.

Sec. 3. Appropriation. There is hereby appropriated from the General Fund to the State Department of Mental Health the sum of eight million two hundred twenty-eight thousand ninety-one dollars ($8,228,091) for the 1973-75 biennium for the purposes of this act. This appropriation shall be reduced by whatever amount the 1973 General Assembly shall appropriate from the Department's 1973-75 Change Budget or otherwise for the purposes of this act. The appropriation shall be allocated as follows: one million seven hundred eighteen thousand two hundred sixty-seven dollars ($1,718,267) for in-service training of attendants and cottage life personnel; give million twenty-five thousand two hundred ninety-six dollars ($5,025,296) for salary incentives for training, including training in schools outside the Department as well as in-service training; one hundred fifty thousand dollars ($150,000) for additional pay for Forensic Attendants to make the pay scale equal to that of Security Officers in the Department of Correction; and one million three hundred thirty-four thousand five hundred twenty-eight dollars ($1,334,528) for additional building maintenance and housekeeping staff to take over building maintenance and housekeeping work now being performed by attendants and cottage life personnel.

Sec. 4. Effective date. This act shall become effective July 1, 1973.

V. ESTIMATED COSTS TO RAISE EMPLOYEES' INCOME TO RECOMMENDED GRADES

The estimated annual cost for implementing these recommendations is $2,500,000, or $5,000,000 for the 1973-75 biennium.

This estimate is based on the current number of employees at each level of our classification system who would be reclassified to the projected levels of the proposed classification series. When considered over the entire span of the new classification series, there is an estimated one and one-half step increase between current pay grades and projected pay grades. Projections based on these two assumptions yield a figure of $2,500,000 per year to increase salaries of direct patient care workers from present levels to the levels recommended in the proposed classification series.

It should be noted that these projections are based on the existing number of positions allotted to the Department of Mental Health. Should requests for additional positions be granted by the next Legislature, amounts to upgrade the salary of any additional number of employees would have to be added to the above cost estimate.

It is important to note in operating an inservice training program that allowances for training time must be made just as for vacation, leave and illness.

RECOMMENDATIONS
BROAD MINIMUM GUIDELINES
TRAINING OBJECTIVES AND CONTENT
FOR
PROPOSED PATIENT CARE
WORKERS CLASSIFICATIONS

Prepared By
TASK FORCE
DEPARTMENT OF MENTAL HEALTH
March, 1973

CONTENTS

I. Introduction

II. Clarification of and recommendations for changes in the proposed patient care worker positions

III. Broad training objectives and content - minimum for each level

IV. Additional recommendations

V. Appendix

  A. Task Force Members
  B. Definitions

Introduction

During 1971, several committees, consisting of representatives from the Personnel Department, nursing, attendant, and cottage parent staff studied the duties and responsibilities of direct patient care workers and prepared a "Recommended Patient Care Worker Classification".

The Legislative Research Commission, in early 1972, requested that the Department submit recommendations for career development for direct patient care workers. Another committee with representatives from the mental health facilities (nursing education, personnel) and the Raleigh Office reviewed the "Recommended Patient Care Worker Classification" and submitted recommendations for a "Proposal for Career Development and Progression for Direct Patient Care Workers". This proposal was submitted to the Legislative Research Commission on March 28, 1972.

Recognizing that the request from the Legislative Research Committee to submit a proposal within a brief period of time did not allow the lead time necessary to prepare more specific recommendations for training for each of the proposed levels, Dr. William Thomas, Deputy Commissioner, Staff Development Division, established a Task Force (see Appendix A) to review the "Proposal" and prepare further recommendations.

The Task Force established the following objectives at the organizing session:

Define and recommend:

a. Minimum standards for basic (preservice) education for each of the proposed patient care worker positions. (in terms of Broad Training Objectives and content)
b, Specific content for continuing education for each position.
c. Alternatives to integrate a & b with educational institutions and other educational resources.
d. Administrative (personnel) mechanisms for documenting successful completion of educational programs.
e. Methods for recognition of satisfaction completion of educational programs.

The Task Force met a total of 6 sessions with interium assignments and has prepared this report of its recommendations.

Clarification of and recommendations for changes in the proposed Patient Care Worker Positions

In their review of the proposed positions, the Task Force had difficulty understanding some of the terminology and disagreed with some of the tasks assigned to certain levels.

Recommendations

Mental Health Assistant I

a. Change "routine, repetitive patient care duties" to "normal daily living activities with clients".
b. Remove duty "Take vital signs" from this level and place in Mental Health Assistant II.
c. Change "performs related duties as required" to "performs related duties as delegated and required".
d. Under qualifications "ability to read and write". There is need to clarify since persons entering at this level need to successfully complete training requirements for level.

Mental Health Assistant II

a. Change "routine, repetitive patient care duties" to "normal daily living activities with patients".
b. Add duty "Take Vital Signs".
c. Change "assist in giving routine medications" to "assist in giving routine medications other than direct administration".
d. Change "perform related duties as required" to "perform related duties as delegated and required".

Mental Health Technician I

a. Change "variety of technical client care duties".
b. Change "perform related duties as required" to "perform related duties as delegated and required".

Mental Health Technician II

a. Change "non-professional nursing and psychiatric duties" to "Technical client care duties".
b. Combine duties spelled out under "Psychiatric Areas" and "Mental Retardation Centers". (combine in other levels, also)
c. Underqualifications.
Change to....."high school or equivalent and 2 years experience as Mental Health Technician I or equivalent combination or L.P.N. or A.A. in mental health or related human services education programs and completion of in-service training requirement."

Mental Health Technician III

a. Change "non-professional psychiatric care duties" to "Technical client care duties".

b. Change under "Mental Health Center for Retardation" "responsible for specification, execution, evaluation of individualized behavior modification and behavior management" to read "assist in the planning and evaluation of individualized behavior modification and management programs". "Responsible for implementing defined aspects of these programs".

Mental Health Supervisor I

a. Change "discipline employees as necessary".....evaluate employees performance" to read "evaluate and counsel employees on performance of duties".

b. Change "performs related duties as required" to "Performs related duties as delegated and required".

Mental Health Supervisor II

a. Since Director of Cottage Life position is not presently used or changing, the paragraph needs changes.

b. "Would have 24 hour responsibility for a unit in a psychiatric hospital." This statement needs further clarification in terms of responsibility of Unit Director.

c. Qualifications
Change to read.....degree from 4 year college or university and completion of staff development (in-service training) program.

Establish Mental Health Technician IV at same grade level as Mental Health Supervisor II

The group expressed concern that at this level, the primary duties and responsibilities are of an administrative nature. There is no level to which a person at the Mental Health Technician III may progress unless he moves into administrative duties. We think that now and in the future programs may have the need for Mental Health Technician IV whose primary duties and responsibilities would be at a more advanced and responsible clinical treatment and/or teaching (or combination) than that of Mental Health Technician III.

PROPOSED MENTAL HEALTH ASSISTANT I

Work in this class involves performing routine, repetitive patient care duties in a mental health facility. Employees are responsible for duties involving housekeeping, personal care and grooming, and patient observation and protection on an assigned shift.

Examples of work performed:

Bathes, changes and dresses patients, serves meals, spoons or bottle feeds.
Observes patients for changes in physical and mental condition and reports to higher level patient care worker.
Assist in providing emergency treatment for seizures and accidents in accordance with established procedures.
Sweeps, mops, scrubs walls, blinds, bathrooms and other facilities as required.
Folds and puts away laundry and linens, may wash and iron clothing.
Handles soiled laundry and linens.
Escort patients to various areas within the facility or on facility grounds.
Secure routine (non-clean) lab secimens.
Performs related duties as required.

Education and Experience:

Ability to read, write and follow simple oral and written instructions.

Salary Grade 53 (4,992 - 6,252)

MENTAL HEALTH ASSISTANT I

TRAINING OBJECTIVES

Will be able to:

1. Provide for daily basic needs of clients.
2. Prepare and maintain a safe, healthy living environment.
3. Communicate with clients and staff.
4. Identify and report changes in clients' conditions.
5. Recognize life-threatening situations and take immediate action according to established policies.
6. Follow and support established philosophy, program goals, and policies.

TRAINING CONTENT

Orientation Program

1. Daily basic needs - physical, emotional, social,
2. Safe environment:
   general asepsis
   general safety programs
   equipment and physical facility
   Fire and Disaster Plans
3. Basic interaction:
   listening
   observing
   responding
4. Signs and symptoms of change (illness):
   oral reporting
5. Emergency care:
   seizures
   problems associated with burns, hemorrhages, etc.
6. Organizational Plans
   Ethics

PROPOSED MENTAL HEALTH ASSISTANT II

Work in this class involves performing a variety of routine repetitive patient care duties in a mental health facility.

Employees are responsible for routine patient care duties involving housekeeping, personal hygiene, patient observation and protection, preparing reports, maintaining supplies and assisting in giving medications for a group of residents or patients.

Examples of work performed:

Would perform the same tasks as indicated at Level I plus:
Routine written and oral reports, such as, census report, incident reports and adjustment reports.
Take vital signs.
Assist patient in self help skills in a non-structured program.
Assist in giving routine medications.
Performs related duties as required.

Education and Experience:

Ability to read, write, six months experience as Mental Health Assistant I or equivalent.

Salary Grade 56 (5,712 - 7,176)

MENTAL HEALTH ASSISTANT II

TRAINING OBJECTIVES

Will be able to:

All listed under Mental Health Assistant I and:

1. Assist client to learn to care for own basic needs.
2. Participate with clients in using available supportive resources (recreation, etc.)
3. Accurately report and record client-centered information according to established procedures.
4. Take and record vital signs.
5. Assist in preparation of clients for administration of medicines and other treatments.

TRAINING CONTENT

Orientation Program if entering at this level:

1. Basic learning needs of clients. Self-help skills.
2. Resources available in facility or program. Major community resources.
3. Basic recording skills. Symptoms and observations. Terminology. Knowledge and use of client information forms.
4. T.P.R. and B.P.
5. Psychological and physical preparation of clients for therapies.

PROPOSED MENTAL HEALTH TECHNICIAN I

Work in this class involves performing a variety of non-professional nursing and psychiatric care duties in a mental health facility. Employees are responsible for duties involving personal hygiene, patient observation and protection, preparing reports, maintaining supplies. Employees also administer routine medications under the general supervision of a nurse, doctor, or higher level patient care worker.

Examples of work performed:

Perform the same duties as Level I or II plus the following:
In a psychiatric hospital: Give oral and I.M. medications and chart, take vital signs, suction patients, assist with ECT, remove sutures, administer oxygen by mask or tent, remove fecal impactions, perform EKG's, check urine acetone and sugar, give enemas and douches, collect routine laboratory specimens. May also involve limited therapy and psychiatric treatment and limited community involvement under supervision.
Take patients on walks, shopping, camping, swimming and other recreational activities under the direction or supervision of a higher level patient care worker or professional.

At a Center for Retardates

In medical areas perform medical procedures described in psychiatric hospital in non-medical areas would perform the following tasks:
Arrange and prepare physical setting, prepares necessary equipment for children. Gather supplies such as toothbrushes, toothpaste, soap, etc. Prepare list of children to be seen by physicians on rounds and gather records for the physician. Escort children to be seen by doctor at clinics or make necessary arrangements for children to get to clinics. Make or change appointments as necessary for children at dental offices, clinics, barber and beauty shops.
Take patients on walks, shopping, camping, swimming and other recretional activities under the direction or supervision of a higher level patient care worker or professional.
See that the residents are taken for these appointments or take and keep records of services received by residents and communicate to other patient care workers.

Keep inventory of supplies for cottage unit and replenish supplies as necessary by completing requisitions. Complete requisitions on equipment that is in need of repair.
Maintain clothing and inventory and request additional clothing as needed. Keep patient charts in order and up to date. Record home visits, clinic visits, etc,
Note changes in doctors orders, complete appropriate forms to communicate information to other cottage personnel.
Perform related duties as required.

Education and Experience:

High school or equivalent and six months as trainee or 2 years experience in Direct Patient Care.

Salary Grade 58 (6,252 - 7,848)

Note: LPN applicants may be employed at second step of range. Associate of Arts in Mental Health may be employed at third step of range.

MENTAL HEALTH TECHNICIAN I

TRAINING OBJECTIVES

Will be able to:

Do all at previous two levels plus:

1. Perform selected simple treatments and procedures
2. Participate on a beginning level, in individual and group program activities.
3. Organize and arrange environment for specific treatment programs.
4. Maintain necessary supplies and equipment.

TRAINING CONTENT

Orientation Program, if entering at this level:

1. Selected simple treatments and procedures. Assist with E.C.T., nasal and oral suctioning.
   Note: Additional techniques to be learned based on area of assignment and individual needs.
2. Communications and interpersonal relationships. Principles of group process. Basic teaching principles.
3. Preparation and maintenance for special programs. i.e. behavior modification, group therapy
   Note: Content based on area of assignment
4. Same as above.

PROPOSED MENTAL HEALTH TECHNICIAN II

Work in this class involves limited supervision of lower level employees and participation in the implemention of non-professional nursing and psychiatric duties in a mental health facility.

Employee serves as lead worker and is responsible for limited on the job training and assisting and evaluating employees in performance of their duties. Employees are also responsible for carrying out formal training programs in the self help skills or social skills for residents for a retardate center.

Examples of work performed:

May do all the duties as described for levels I through III plus:

Medical Areas:

Maintain IV fluids and blood transfusions, lavage and gavage patients.
Start and maintain nasal oxygen.

Psychiatric Areas:

Management of ward, supervision patients, checking patient's conditions, checking sanitary conditions of the ward.
Supervise or direct other employees in their duties on the ward or carry out duties independently.
Requisition drugs and supplies for individual ward.
Limited involvement in therapy, would be expected to continue therapeutic approach of patient developed by higher level staff members.
Participate in writing or write nursing care plan.
Provide on-the-job training and direction for new employees. May have limited community involvement under the supervision of higher level or professional staff members.
Write progress notes and other reports required on ward.

Retardate Center - Mental Health Center

As a member of a multidiscipline team assist in identifying training needs for residents by evaluating residents behavior and ability to perform certain tasks.
Assist in planning a training program for residents. Implement formal training program in self help skills or social skills for residents.
Make periodic reports to higher level personnel regarding patients progress and behavior.

MENTAL HEALTH TECHNICIAN II

TRAINING OBJECTIVES

Will be able to:

Do all at previous levels plus:

1. Identify physical and emotional needs of clients.
2. Participate with staff in planning and evaluating treatment programs.
3. Organize daily work for implementing programs.
4. Performs more complex selected treatments and procedures.
5. Teach, supervise and counsel other staff as delegated.

TRAINING CONTENT

Orientation Program, if entering at this level:

1. Assessment of needs
   Problem solving process
   Client treatment plans
     setting specific goals and strategies
     evaluation guidelines
2. Team concept
     i.e. shift reports, rounds, team conferences
3. Ward management
     sanitation
     maintenance of equipment and supplies
     assignment of personnel
     records and reports in and outside departments
4. Physical treatments and procedures
     i.e. maintain I.V. fluids, gavage, nasal O2 etc.
   Note: content based on area of assignment
5. Principles of teaching and supervision
   Basic principles of counseling
   Use of resources

PROPOSED MENTAL HEALTH TECHNICIAN III

Work in this class involves performing responsible non-professional psychiatric care duties in a mental health facility. Employees are responsible for duties involving formal group or individual therapy programs, formal behavior modification programs, formal inservice education on a unit or service at a state mental health facility.

Examples of work performed:

At a Psychiatric Hospital:

Acts as a co-therapist in a formal group therapy program or may be involved in individual therapy.
Independently provide services in the community after care. Visit local mental health facilities, boarding homes, alone to provide direct patient care or to assist in planning and implementation of programs at the local facility.
Would be responsible, under the supervision of professional, for planning or organizing in-service education program for a unit.
Would be responsible for conducting formal in-service classes at the unit level.
May assist or conduct classes in formal in-service training program at a facility.

Mental Health Center for Retardate

Responsible for specification, execution, evaluation of individualized behavior modification and behavior management program for retarded children. Train lower level patient care workers in training techniques.
Follow up on training programs to see that techniques are carried out.
Present training needs of children to multi-discipline team.
Evaluate and communicate progress and problems of training programs to the team.
Assist and work with the higher level team members in dealing with situations which interfere with training of residents.
Assist in-service education instructors in class lectures to lower level personnel on behavior modification program.
Work with parents to communicate training program and assist parent in learning techniques of training methods used in the center so that program may be carried on after residents leaves center.

Education and Experience:

High School or equivalent and 3 years clinical experience or equivalent combination of education and experience.

Salary Grade 62 (7,500 - 9,400)

MENTAL HEALTH TECHNICIAN III

TRAINING OBJECTIVES

Will be able to:

Do all at previous levels plus:

1. Participate in defining overall program philosophy and goals for specific target populations.
2. Independently implement and evaluate selected program activities.
3. Assist in identifying the learning needs of selected staff.
4. Plan, conduct, evaluate training programs.

TRAINING CONTENT

Orientation Program, if entering at this level plus:

1. Philosophy and goals of mental health services.
2. Program Planning, implementation, and evaluation.
3. Advanced principles of teaching, supervision, and counseling.
4. Principles of indiviudal and group therapies.

PROPOSED MENTAL HEALTH SUPERVISOR I

Work in this class involves adminstrative and supervisory responsibilities for a group of wards or cottage at a mental health facility. Employees are responsible for lower level employees on an assigned shift under the general supervision of a higher level administrator or unit direct.

Examples of work performed:

Assign personnel to various patient care areas, make changes in assignment or special assignments if necessary.
Handle grievances and complaints from employees.
Interview perspective employees and evaluate suitability for employment.
Recommend employees for employment, promotion or merit increments.
Receive patient complaints, investigate and take appropriate action.
Discipline employees as necessary.
Evaluate employee performance. Receive requisitions for drugs and supplies from lower level employees and take action.
Inspect patient areas for cleanliness, request equipment or building repair needs. Assist in planning and implementation of on the job training program for lower level employees.
Make known needs of additional personnel, additional or new equipment for ward areas.
Perform related duties as required.

Education and Experience:

High school or equivalent and 3 years supervisory or administrative experience (one year must be in mental health facility), or high school and 2 year supervisory of administrative experience in mental health facility or equivalent combination of education and experience.

Salary Grade 62 (7,500 - 9,420)

MENTAL HEALTH SUPERVISOR I

TRAINING OBJECTIVES

Will be able to:

Do all at previous levels plus:

1. Plan for and maintain adequate staffing and training for assigned program component.
2. Promote healthy relationships - staff to staff and staff to client.
3. Plan for and maintain facilities, equipment, and supplies.
4. Recommend staff for employment, promotion, and merit increments.

TRAINING CONTENT

Orientation Program, if entering at this level:

1. Philosophy and goals of mental health services.
2. Program planning, implementation, and evaluation.
3. Advanced principles of teaching, supervision, and counseling.
4. Principles of individual and group therapies.
5. Advanced ward management.
6. Interviewing techniques.

PROPOSED MENTAL HEALTH SUPERVISOR II

Work in this class involves responsible administrative and coordinative responsibilities for a unit or group of cottages at a mental health facility. This position would either have total responsibility to a Director of Cottage Life for a shift at a center for retardates or would have 24 hour responsibility for a unit in a psychiatric hospital. Employee would be responsible for lower level employees administratively, and would coordinate the duties and responsibilites for lower level administrative supervisors in the assigned area of responsibility.

Examples of work performed:

Plan, coordinate, direct, and assign the work of a large staff of lower level personnel involved in direct patient care.
Supervise ward activities, check conditions of patients, make rounds of wards or cottages to determine physical condition of facilities, to determine needs and see that maintenance needs are met.
Interprets and maintains facility rules and regulations.
Suggest policy and regulation changes as needed.
Oversee the training of new employees and assist in determining training needs.
Evaluates performance and reviews evaluations made by lower level supervisors; promote the development of personnel.
Interviews applicants for employment.
Handle a wide variety of activities and problem related to the daily care of patients as they occur or are assigned.
Participates in patient treatment planning for unit and assists in planning activities programs for patients with other departments.
Participates in budget planning in area of responsibility. Keeps necessary records and prepares necessary reports.
Performs related duties as required.

Education and Experience:

High school or equivalent and four years supervisory or administrative experience including 2 years in mental health facility or degree from four year college or university or equivalent combination.

Salary Grade 64 (8,220 - 10,320)

7

MENTAL HEALTH SUPERVISOR II

TRAINING OBJECTIVES

Will be able to:

Do all at previous levels plus:

1. Participate in establishing program goals
2. Coordinate client programming with other departments and resources.
3. Plan, direct and coordinate staffing activities between program components.
4. Maintain and prepare necessary administrative reports.
5. Determine and establish overall physical condition of building unit, and take appropriate action.
6. Participate in budget planning.

TRAINING CONTENT

Content for previous levels plus:

1. Budget
2. Administrative reports.

IV Additional Recommendations

A. Recognition and documentation of successful completion of Staff Development Programs

It seems that each facility represented on the Task Force has developed various mechanisms for recognition and documentation of successful completion of Staff Development programs.

Evaluation of staff performance was identified as a program since the committee members thought the current process and forms utilized are not particularly relevant to a systematic evaluation.

Recommendation: Since this needs further study, a new committee with representation from program management, personnel, and training be established to further explore policies, procedures, problems and make recommendations based on the study.

B. Collaboration with Educational Institutions and other Educational Resources

Since the program development, staff development, and educational resources are quite different in mental health areas and regions, we think the programs should have flexibility in management of educational programs to fit their program needs within the minimum guidelines.

Recommendation: Program directors and staff responsible for educational programs be encouraged and supported in efforts to collaborate with local community colleges, universities, and other educational resources in the planning, implementation and evaluation of Staff Development programs.

TASK FORCE MEMBERS

Helen Tighe, Chairperson	Raleigh Office, Department of Mental Health
Flora Stanley	John Umstead Hospital
Carolyn Kincaid	Murdoch Center
Margaret Whittington	Dorothea Dix Hospital
Mary Linford	O'Berry Center
Daisy Best	Cherry Hospital
Virginia Perry	Caswell Center
Regina Crawley	Broughton Hospital
Helen Wilson	Western Carolina Center
Phyllis Martin	Alcoholic Rehabilitation Center, Greenville
Other Resources Persons	
William Thomas	Raleigh Office, Department of Mental Health
Vera Prince	Cherry Hospital
Lynn Turner	Western Carolina Center
Pat Davis	Murdoch Center
Lou Ann Hammett	John Umstead Hospital
Steve Creech, Director,	Mental Health Associate Program, Durham Technical Institute
Dan Cowley, Director,	Mental Health Associate Program, Wayne Community College

Definitions

1. Advanced (3a) - "Beyond the elementary or introductory: carrying on from that which proceeds..."
2. Client - refers to patient, resident of hospitals, centers, etc., or consumer of services.
3. Complex - "(2b) marked by an involvement of many parts, aspects, details, notions, and necessitating earnest study or examination to understand or cope with..."
4. Journeyman - "performs tasks with limited supervision."
   Webster - "A worker who has learned a handicraft or trade and is qualified to work at it usually for another by the day - distinguished from apprentice and master."
5. Lead Worker -"Pacesetter." Webster - Lead, (adj.)-"Acting as a leader; going infront"
6. Supervision - "The act, process, or occupation of supervising: direction, inspection, and critical evaluation.
7. Technical - "having special user practical knowledge especially of a mechanical or scientific subject..."

Webster's Third New International Dictionary - 1965

ALCOHOLISM COUNSELING CLASSES

ALCOHOLISM WORKER

Description of Work

Employees utilize their personal experiences with alcoholism problems to communicate and identify with alcoholics and to provide general information to local groups and agencies concerning alcoholism and facilities for treatment. Work may involve some development of local resources and support for mental health programs; however, advanced program development, community organization, counseling and education functions are performed by higher level, professional alcoholism counselors and coordinators.

Examples of Duties Performed

Discusses general needs and problems of alcoholics with patient and family and provides supportive service and information based on personal experiences with alcohol; refers chronic alcoholics and emotionally disturbed individuals to mental health professionals for proper treatment.

Disseminates alcoholism information and brochures to interested civic groups or citizens; shows films and discusses basic facts about alcoholism and sources or referral for treatment.

Visits alcoholics who have been hospitalized or incarcerated and offers supportive services and companionship; explains general court, jail, or hospital policies for similar situations.

Stimulates interest in Alcoholics Anonymous or other organized functions for alcoholics and accompanies the client or patient to meetings, conferences, or activities.

Provides basic follow-up services for alcoholism counselors or physicians to determine if proper adjustments to job, family, and community are being made by patients after release from institutions or termination of treatments.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Considerable knowledge of the results or effects of alcohol to the person, family, and community through personal experiences with alcoholism and special religious or private activities such as Alcoholics Anonymous and of the principles and goals of Alcoholics Anonymous or other similar alcoholism service organizations. General knowledge of: local resources and facilities available for the treatment of alcoholics; the psycho-social and physiological factors involved with alcoholism; and the policies, procedures, and goals of various mental health agencies and institutions.

Ability to: communicate and identify effectively with alcoholics and share personal experiences with alcohol with them; understand and utilize the philosophy and procedures of Alcoholics Anonymous or other similar alcoholism service organizations; communicate effectively with various civic groups and professionals in the community in distributing general information on alcoholism promoting mental health services; develop effective working relationships with physicians, alcoholism counselors and other higher level professionals involved with treating alcoholism; and express ideas clearly and plan and execute work effectively.

Minimum Education and Experience

Graduation from high school and a demonstrated ability to work with alcoholics in a supportive and informational role through organizations such as Alcoholics Anonymous.

Testing Method: Written

Salary Grade: 60

ALCOHOLISM COUNSELOR

Description of Work

Employees provide alcoholism counseling and community consultation and education services for mental health planning area or state alcoholic rehabilitation center. Work also involves community organization functions and development of local resources and support for the program. Work may entail supervision of aides and clerical personnel and incidental administrative tasks, however, predominately involves counseling and education functions.

Examples of Duties Performed

Provides supportive psychotherapy and counseling services with alcoholics and their families in individual or group sessions at an alcoholic rehabilitation center or mental health clinic; occasionally engages in insight therapy with special patients.

Develops advanced consultative and educational programs, seminars, and relationships with nurses, counselors, and other professionals in public and private organizations regarding behavior dynamics, psycho-social factors, community resources, and other pertinent elements related to alcoholism.

Makes regular visits to the alcoholic rehabilitation center and alcoholism unit in the mental hospital for the region for purposes of cooperative treatment and continuity of care for patients referred to these facilities.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Considerable knowledge of: advanced counseling techniques and their application to specific alcoholism casework and family situations; the psycho-social causes and effects of alcoholism in the person, family and community; local resources and regional facilities for the prevention and treatment of alcoholism; the policies, procedures, and goals of the alcoholism program in the specific mental health planning area; and community organization techniques and applications to alcoholism needs and goals in the planning area. General knowledge of physiological aspects of alcoholism and referral sources for appropriate medical treatment.

Ability to: apply advanced counseling techniques with alcoholics and their families in individual or group sessions; consult as mental health specialist in alcoholism with professionals in the community on understanding and dealing more effectively with alcoholism; develop local resources and initiate community organization and development activities relating to alcoholism; develop and maintain effective clinical relationships with alcoholics and their families as well as professionals in civic, medical, religious, and social organizations and agencies; and utilize volunteers and casework aides for basic supportive services such as transportation and disseminating information.

Minimum Education and Experience

Graduation from a four-year college or university and two years of experience as an Alcoholism Counselor Trainee; OR master's degree in guidance counseling, social work, theology, or a related human service field and one year of experience in clinical alcoholism counseling and education; OR graduation from a four-year college or university and three years of experience in a human service field, including at least one year in clinical alcoholism counseling and education; OR graduation from an associate or diploma school of nursing and four years of psychiatric nursing experience, including at least two years with alcoholics; OR completion of a Mental Health Associate program at a community college and four years of experience, including at least two years in clinical alcoholism counseling and education; OR an equivalent combination of education and experience.

Minimum Education & Experience for Trainee Appt. †

Graduation from a four-year college or university.

Testing Method: Written

Salary Grade: 66 (For trainee appointment, refer to Trainee Salary Schedule.)

ALCOHOLISM PROGRAM COORDINATOR I

Description of Work

Employees develop and direct the alcoholism rehabilitation program, including the training and supervision of counselors and aides in their alcoholism counseling and education activities. Work includes the responsibility for planning and implementing community educational programs, organizing referral and follow-up services for alcoholics, and coordinating and evaluating the work of the counselors and aides in the area program.

Examples of Duties Performed

Coordinates area program with other mental health services in region for continuity of care and cooperative treatment.

Plans, promotes, and directs the community alcoholism education and consultation program for the planning area.

Coordinates the efforts of counselors and aides engaged in alcoholism counseling and education functions; supervises and evaluates work of staff in program.

Accepts unique or difficult case referrals from counselors and aides in the program and provides appropriate counseling or referral services.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Thorough knowledge of the policies, procedures, and goals of the alcoholism program in the specific mental health planning area. Considerable knowledge of: the varied mental health services and programs throughout the region; local resources and regional facilities for the prevention and treatment of alcoholism; community organization techniques and applications to alcoholism needs and goals in the area; advanced counseling techniques and their application to specific alcoholism casework and family situations; and the psycho-social causes and effects of alcoholism in the person, family and community. General knowledge of physiological aspects of alcoholism and referral sources for appropriate medical treatment.

Ability to: train and supervise a staff of alcoholism counselors and aides and coordinate and evaluate staff counseling and education services; consult as mental health specialist in alcoholism with professionals in the community on understanding and dealing more effectively with alcoholism; apply advanced counseling techniques with alcoholics and their families in individual or group sessions; and develop local resources and initiate community organization and development activities relating to alcoholism.

Minimum Education and Experience

Graduation from a four-year college or university and three years of experience in clinical alcoholism and education; OR master's degree in guidance counseling, social work, theology, or a related human service field and two years of experience in clinical alcoholism counseling and education; OR graduation from a four-year college or university and four years of experience in a human service field, including at least two years in clinical alcoholism counseling and education; OR graduation from an associate or diploma school of nursing and five years of psychiatric nursing experience, including at least three years with alcoholics; OR completion of a Mental Health Associate program at a community college and five years of experience, including at least three years in clinical alcoholism counseling and education; OR an equivalent combination of education and experience.

Testing Method: Written

Salary Grade: 68

ALCOHOLISM PROGRAM COORDINATOR II

Description of Work

Employees develop and direct a complex alcoholism rehabilitation program, including the training and supervision of counselors and aides in their alcoholism counseling and education activities. Work includes the responsibility for planning and implementing community educational programs, organizing referral and follow-up services for alcoholics, and coordinating and evaluating the work of the counselors and aides in the area program.

Examples of Duties Performed

Supervises and coordinates the efforts of counselors and aides engaged in alcoholism counseling and education functions in a large, varied program.

Consults with staff concerning difficult or special clients or work situations.

Plans, promotes, and directs the community alcoholism education and consultation program for the planning area.

Coordinates program with other mental health services in region for continuity of care and cooperative treatment.

Participates in mental health and inter-agency planning conferences as mental health specialist in alcoholism.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Thorough knowledge of the policies, procedures, and goals of the alcoholism program in the specific mental health planning area. Considerable knowledge of: the varied mental health services and programs throughout the region; local resources and regional facilities for the prevention and treatment of alcoholism; community organization techniques and applications to alcoholism needs and goals in the area; the psycho-social causes and effects of alcoholism in the person, family and community; and advanced counseling techniques and their application to specific alcoholism casework and family situations. General knowledge of physiological aspects of alcoholism and referral sources for appropriate medical treatment.

Ability to: train and supervise a large staff of alcoholism counselors and aides and coordinate and evaluate staff counseling and education services in a varied program; consult as mental health specialist in alcoholism with professionals in the community on understanding and dealing more effectively with alcoholism; apply advanced counseling techniques with alcoholics and their families in individual or group sessions; and develop local resources and initiate community organization and development activities relating to alcoholism.

Minimum Education and Experience

Graduation from a four-year college or university and five years of experience in clinical alcoholism and education; OR master's degree in guidance counseling, social work, theology, or a related human services field and four years of experience in clinical alcoholism counseling and education; OR graduation from a four-year college or university and six years of experience in a human service field, including at least three years in clinical alcoholism counseling and education; OR graduation from an associate or diploma school of nursing and seven years of psychiatric nursing experience, including at least five years with alcoholics; OR completion of a Mental Health Associate program at a community college and seven years of experience, including at least five years in clinical alcoholism counseling and education; OR an equivalent combination of education and experience.

Testing Method: Rating of training and experience

Salary Grade: 71

HEALTH AID AND TECHNICIAN SERIES[1] [2]

For Positions in the Health Aid and Technician Occupation GS-699-1/9

DESCRIPTION OF WORK

Health Aids and Health Technicians provide technical support and assistance to professional medical and health personnel when the work is properly classifiable in the Medical, Dental, and Public Health Group, GS-600, but there is no other more appropriate nonprofessional GS-600 series. The positions range widely in type and include support duties to medical or health personnel such as the audiologist, speech pathologist, medical officer (orthopedic surgeon, ophthalmologist, etc.), or optometrist.

The duties of these positions vary with the specific type of assignment and with the grade of the position.

EXPERIENCE, TRAINING AND RELATED REQUIREMENTS

Grade GS-1

For grade GS-1, no experience, training, or education is required. No written test is required. Applicants must be interested in and willing to perform health aid work and show evidence of likelihood of success in these assignments.

Experience requirements

Except for the substitutions provided for below, candidates must have had qualifying experience in the amounts shown in the following table:

Minimum Years of Experience Required

Grade	Total experience (years)	General experience (years)	Specialized experience (years)
GS-1	0	0	0
GS-2	½	½	0
GS-3	1	1	0
GS-4	2	1½	½
GS-5	3	2	1
GS-6	4	2	2
GS-7	5	2	3
GS-8 and above	6	2	4

General experience

This is experience which has provided some familiarity with medical or dental care; a basic knowledge of procedures and equipment of biological, chemical, or medical laboratories; *or* some knowledge of mechanical, electric, or electronic equipment. Such experience may have been gained in any one or any combination of types of experience such as the following:

a. Practical nurse, nurse's aide, nursing assistant, surgical or operating room technician, or dental assistant.
b. Medical technician, laboratory technician, laboratory assistant or similar types of positions in a medical, clinical, college or industrial laboratory.
c. Physical science laboratory aid.
d. Electrician, radar operator, electronics technician or X-ray technician in an industrial capacity.

Specialized experience

This is technician experience which required application of the knowledges, methods, and techniques for the position to be filled. Excess specialized experience may be applied toward the general experience requirements.

Supervisory positions

For supervisory positions, see the qualification standards for "Supervisors of Work Classifiable at One-Grade Intervals", in part III of this handbook.

QUALITY AND LEVEL OF EXPERIENCE

For eligibility *at grade GS-4*, candidates must have had at least 6 months of specialized experience comparable in difficulty and responsibility to the GS-3 level in the Federal service.

For eligibility *at grade GS-5*, candidates must have had at least 1 year of experience comparable in difficulty and responsibility to the GS-4 level in the Federal service, of which at least 6 months must have been specialized experience.

For eligibility *at grades GS-6 and above*, at least 1 year of the required specialized experience must have been comparable in difficulty and responsibility to the next lower grade in the Federal service, or 2 years comparable to the second lower grade in the Federal service.

---

[1] The standard for this series supersedes the standard for the GS-666, Speech Technician and Hearing Technician Series, which was issued in April 1961.

[2] This standard has been approved by the Administrator of Veterans' Affairs for use within the Veterans' Administration under the provisions of Section 4105, Title 38, U.S.C.

For any grade, the required amount of experience and education will not in itself be accepted as proof of qualification for a position. The candidate's total record of experience and education must show that he has the ability to perform the duties of the position to be filled.

SUBSTITUTION OF EDUCATION AND TRAINING FOR EXPERIENCE

Successfully completed education and training of acceptable type and quality may be substituted for the experience requirements, as specified below:

GS-2: Successful completion of a full 4-year or senior high school curriculum *or* General Educational Development (GED) high school equivalency certificate may be substituted in full for the experience requirements for grade GS-2. High school education *or* GED high school equivalency certificate may not be substituted for any part of the experience requirements at GS-3 and above.

GS-3: Successful completion of 1 academic year of post high school study in a resident school or institution in medical, health, or related fields or in an accredited college, junior college or university that included courses in health, medical, or scientific subjects or fields may be substituted in full for the experience requirements for GS-3.

GS-4: Successful completion of 2 academic years of study as described for GS-3 above which included study in subjects or fields closely related to the position, may be substituted in full for the 2 years of experience required at the GS-4 level (1½ years general and ½ year specialized).

GS-5: Successful completion of all the requirements for the bachelor's degree, with study in subjects or fields closely related to the position may be substituted for 3 years of experience, including 1 year of specialized experience, and fully meets the experience requirements at the GS-5 level.

Education and training other than that outlined above, such as in military training programs or manpower development programs, will be granted appropriate credit dependent upon its applicability and extent. At any grade, post high school education may be partially substituted for required experience at the rates of substitution indicated above.

The maximum amount of experience for which education of any kind may be substituted is 3 years.

WRITTEN TEST

Candidates for positions at GS-2 and GS-3 must pass the written test of abilities necessary to learn and perform the duties of these positions. The written test should be waived for all in-service placement actions but not for appointments outside of the register.

BASIS OF RATING

Competitors for all positions will be rated on the quality and extent of experience, education, or training in relationship to the duties of the positions. Ranking will be made on the following basis:

For GS-1:	An evaluation of the applicant's willingness to do simple and repetitive health aid work; his dependability; and his ability to work safely.
For GS-2 and GS-3:	Written test scores.
For GS-4 and above:	An evaluation of experience, education and training in relationship to the duties of the position.

The information for evaluating experience, education, and training will be taken from the application form and any additional information which may be obtained through reference inquiries to supervisors, teachers, and others.

IN-SERVICE PLACEMENT ACTIONS

Written test

Where required in the standard for competitive actions, the written test should be waived in in-service placement actions, but not for appointments outside the register.

Credit for high school education

In in-service placement actions, successfully completed high school education may be credited in accordance with the "add-on" rule, section 3-1(b), FPM chapter 337.

Waiving directly applicable specialized experience requirement at GS-4 and GS-5

For in-service placement actions only, the requirement for directly applicable specialized experience at grades GS-4 and GS-5 may be waived for lateral reassignment or promotion of nursing assistants, medical technicians, biological laboratory assistants, etc. provided:

1. The candidate has had experience which has provided a general familiarity with the work of the position for which he is being considered, and,
2. A review of the candidate's experience and performance indicates that he possesses the necessary skills and abilities, and evidences definite potential for successful performance of the work.

SELECTIVE PLACEMENT

Some positions may require particular knowledges and skills. In such instances consideration may be limited to those candidates whose records show that they have the required knowledges and skills.

SPECIAL REQUIREMENTS FOR POSITIONS INVOLVING PERSON-TO-PERSON WORK RELATIONSHIPS WITH PATIENTS

Some Health Aid and Technician positions involve substantial contact with patients to gain their cooperation in the examination or therapeutic procedures, to set them at ease, and to explain the procedures as necessary. Duties performed require tact, courtesy, and capacity for person-to-person work relationships. In filling such positions, appointing offices should assure themselves by reference checks, personal interviews, or other appropriate means, that applicants possess the qualities to the degree necessary for satisfactory performance of the duties of the positions.

PHYSICAL REQUIREMENTS

See part II, Physical Requirements, paragraph 5. In addition, some positions may require the ability to distinguish either basic or shades of colors, and applicants must possess emotional and mental stability.

GUIDE FOR EVALUATION OF CANDIDATES IN RELATION TO JOB REQUIREMENTS

Evaluation of education or training

The nature and quality of basic education or training are of most value in evaluating candidates at the lower levels. Education is typically of less significance at GS-6 and above as compared with experience. The following aspects should be considered in evaluating education:

1. *The extent of preparation in the specializations in which the work is involved*

   Courses in science vary greatly from college to junior college to specialized training schools for medical or health technicians in number, variety, scope, and quality. Distinctions in quality can be made, over and above the courses meeting the basic requirements, on the extent to which the nature and scope of courses provide the kind of specialized knowledge required for the position.

2. *Academic achievements*

   Consideration may be given to achievement in science courses, in technical schools, and in laboratory practice, the candidate's general standing in his class, and other academic achievements. These are of most use where other measures (e.g., evaluation of work experience) are not available.

Evaluation of experience

Evaluations of experience for either competitive or in-service placement actions can best be made by professional personnel and/or high level technicians, who have had training in evaluating qualifications and appraising the significance of technical achievement.

For technician positions the evaluation of experience logically includes appraisal of personal attributes and characteristics as demonstrated in performance on the job. This includes the degree and scope of the applicant's technical knowledge, skills, and abilities which can be brought to bear upon duties in the position to be filled.

The following may be considered in the evaluation of experience:

1. *Nature and level of experience*

   Experience which did not involve up-to-date techniques, procedures, and equipment or which did not demonstrate steady progression should be considered to have less value than experience which did.

2. *Nature of collateral experience*

   Collateral experience, including valuable technical experience in excess of requirements, and experience in related occupations (such as nursing assistant, medical technician, biological laboratory technician, physical science technician, and the like) may be given appropriate additional weight.

3. *Personal attributes, abilities, and characteristics*

   Following are some of the more desirable abilities and personal characteristics for candidates for health aid and technician positions:

   a. Knowledge of specific scientific techniques and procedures involved in the given work situation;
   b. Attention to details;
   c. Dexterity;
   d. Reasoning ability;
   e. Organizing ability in performing examinations or treatments in an orderly and systematic fashion;
   f. Accuracy of work in performing examinations or treatments and in reading and reporting findings;
   g. Ability to get along with professional and paramedical personnel in the hospital or clinic;
   h. Sensitivity to patients and their needs;
   i. Ability to gain cooperation of the patients.

Information in addition to that provided in application form is needed for proper evaluation of qualifications for many health aid and technician positions. This includes evaluations by supervisors, teachers, and others in a position to provide information on accomplishments and personal characteristics, as well as the quality of performance on the job.

Supplemental applications may be used as necessary to obtain from the candidate the necessary information regarding college study, specialized training in the military services, or in specialized health or medical technician schools.

ATTACHMENT A
MENTAL HEALTH ASSOCIATE
GS-699-4

I. PRINCIPAL DUTIES AND RESPONSIBILITIES

The incumbent will work with members of the multidisciplinary psychiatric team which furnishes patient care and treatment to a variety of mentally ill veterans, including the treatment of drug dependency and alcoholism. Duties will include:

Establishing contact and forming good rapport with assigned patients immediately upon or shortly after admission. Orienting the patient and his family to the hospital setting allaying fears of psychiatric hospitalization.

The incumbent will receive on-the-job training in methods and procedures involved in planning, organizing, administering and coordinating the treatment program for each patient assigned. He will listen at length to the patient and observe him closely. The information obtained will be reported to the other team members. He will listen to discussions relative to major changes in the treatment based on information obtained. He will assist in diverse group therapy sessions. The incumbent will receive instructions on the proper manner of communicating with the families of patients with a view toward helping them understand the nature of patient's illness; of assisting the families in finding solutions to immediate problems related to the impact of hospitalization and in applying the solutions to future situations of a similar nature; and after discharge, following up and reporting findings of the patient's adjustment.

The incumbent may also be assigned to psychiatric outpatient facilities in which case his duties will be modified in keeping with the requirements of the treatment facilities.

II. SUPERVISION AND GUIDANCE RECEIVED

The employee serves under the very close supervision of the psychiatrist or the designated team leader. He proceeds following specific guidelines in the accomplishment of his assigned duties. The team leader evaluates the effectiveness of his efforts and is constantly available for assistance in the event of questions or unusual problems.

ATTACHMENT B
MENTAL HEALTH ASSOCIATE
GS-699-7

I. PRINCIPAL DUTIES AND RESPONSIBILITIES

The incumbent will serve as an associate member of the multidisciplinary psychiatric team which furnishes patient care and treatment to a variety of mentally ill veterans, including the treatment of drug dependency and alcoholism. He will provide guidance and instructions to assist in the accomplishment of treatment goals. Duties will include:

Establishing contact and forming good rapport with assigned patients immediately upon or shortly after admission. Orienting the patient and his family to the hospital setting allaying fears of hospitalization.

The incumbent will assist and participate in planning, organizing, administering and coordinating the treatment program for each patient assigned. Development of the treatment plan will be in accordance with the medical condition of the patient with the incumbent contributing to the modification or adaptation of the plan to meet the patient's needs. Provides a degree of supportive attention by listening at length to the patient and observing him closely. The information obtained will be collated and his observations and substance of the interviewing reported to the other team members. He will participate in discussions relative to major changes in the treatment based on information obtained. Functions as co-leader in diverse group therapy sessions. He will assist in the delivery of somatic therapies.

He will communicate with the families of patients with a view toward helping them understand the nature of the patient's illness. Assists the families in finding solutions to immediate problems related to the impact of hospitalization and in applying the solutions to future situations of a similar nature. The incumbent participates with the team in determining post-hospital care and reinforces the advice given the patient relative to his rehabilitation to the community. He assists in surveying community resources and recommends to the team those resources which he considers appropriate to the individual patient. Subsequent to discharge, he follows up as directed and reports findings of patient's adjustment to the team members.

The incumbent may also be assigned to psychiatric outpatient facilities in which case his duties will be modified in keeping with the requirements of the treatment facilities.

The incumbent will assist the Officer of the Day in his psychiatric rounds and furnish relevant information to the non-psychiatric O. D. On weekends and evenings the incumbent will be available for patient contact. During these hours he will assist with recreational and educational activities. He will assist and implement training programs for laymen in the community in the field of mental health where such programs are part of the service plans.

He will assist in the training of Mental Health Associates of lower grade and be available to them for supervision in the absence of professional team members.

II. SUPERVISION AND GUIDANCE RECEIVED

The employee serves under the general supervision of the psychiatrist or the designated team leader. He proceeds with a minimum of guidance and review in the accomplishment of his assigned duties. The team leader evaluates the effectiveness of his efforts and gives guidance where indicated.

DESCRIPTION OF WORK

Work in this class involves the performance of a variety of non-professional duties in the care and treatment of mentally retarded, alcoholic, or emotionally disturbed individuals.

Employees assist in and support the services of nurses, physicians, psychiatrists, social workers, and other professionals in mental health clinics or institutions. Work requires familiarity with the principles and methods of patient care and treatment in the mental health setting. Work assignments are received from a higher level professional and after an initial period of training and development, specific instructions are given only on non-routine assignments. Work is performed under the close supervision of a higher level professional and is evaluated through review of records and observation of work performed.

EXAMPLES OF DUTIES PERFORMED

Provides basic intake services for patients admitted to the institution or clinic; records factual data given by family and explains available services.

Coordinates patients' activities and escorts off-ward trips; assists in activity and recreational therapy.

Participates as member of multi-discipline treatment team; reports observations of patients' behavior to team and facilitates communications between the patient, staff, and family.

Performs personal services for patients such as writing letters, caring for clothing, and transporting.

Performs tasks of a non-technical nature assisting physicians in administering electric or insulin shock and other treatments.

Acts as liaison between the clinic or institution and the other agencies in the community which may be serving the patient and his family.

Serves as co-trainer in group experiences designed to acquaint the staffs of community agencies with inter-personal dynamics.

Acts as assistant in group therapy sessions; may provide basic supportive counseling as directed.

Performs related work as required.

RECRUITMENT STANDARDS

Knowledges, Skills, and Abilities

General knowledge of human behavior and social problems.

Some knowledge of the principles and techniques of treating mental illness and alcoholism.

Ability to establish and maintain effective working relationships with members of multi-discipline team, patients, and community groups.

Ability to express ideas clearly and concisely and to plan and execute work effectively.

Minimum Education and Experience

Graduation from a community college with an associate degree in mental health.

PREPARED BY
NORTH CAROLINA STATE PERSONNEL DEPARTMENT
Effective: January, 1971

PERSONAL CARE SERVICES CLASSES

HEALTH AIDE*

Description of Work

An employee in this class renders routine subprofessional services as assigned in any one or several of a variety of work areas in a local health department. Following a period of orientation, the employee is expected to assume responsibility for making routine decisions within the limits of the assignment.

Examples of Duties Performed

Operates duplicating equipment and other simple machines, sorts and assembles materials, transmits messages and office records, makes simple inventories of supplies.

Escorts patients and visitors to their destinations within the health department; supervises children while parents are visiting the department.

Cleans and sterilizes laboratory equipment, prepares specimens for examination and performs simple tests.

Assists with the personal care of patients in activities such as bathing, grooming, feeding, exercise, etc.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Ability to: learn the performance of the assigned duties with the degree of skill required; carry out instructions; and work well with others and exercise good judgment in appraising situations and making decisions.

Minimum Education and Experience

Training and experience consistent with the knowledges, skills, and abilities needed to acquire satisfactory standards of performance of the assigned duties.

Testing Method: Oral

Salary Grade: 47

MENTAL HEALTH AIDE*

Description of Work

Employees are responsible for assisting the nursing staff in the personal care of patients, housekeeping activities, and transportation of patients in mental health institutions and local centers. Specific instructions are given and work is performed under close supervision. Work may include routine clerical duties associated with the hospital's program.

Examples of Duties Performed

Bathes, shaves, feeds, and dresses patients; makes beds and changes bed linen; and lifts and moves patients.

Escorts patients to conferences, church, clinics, and to recreational activities.

Performs personal services for patients such as writing letters, caring for clothing and other personal property.

Observes and records or reports to supervisor, as indicated, patient's condition or changes in condition.

Provides recreation for patients on ward and in courtyard, with and without help of the recreation department.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Ability to: perform a variety of routine patient care and custodial duties; understand and effectively carry out oral instructions; work with and secure the cooperation of patients and maintain a sympathetic attitude toward patients; and maintain routine records and prepare routine reports.

Minimum Education and Experience

Training and experience consistent with the knowledge, skills, and abilities needed to acquire satisfactory standards of performance of the assigned duties.

Testing Method: Oral

Salary Grade: 49

MENTAL HEALTH TECHNICIAN

Description of Work

Employees assist in and support the services of nurses, physicians, psychiatrists, social workers, and other professionals in mental health clinics. Work requires familiarity with the principles and methods of patient care and treatment in the mental health setting. After an initial period of training and development, specific instructions are given only on non-routine assignments.

Examples of Duties Performed

Provides basic intake services for patients admitted to the clinic; records factual data given by family and explains available services.

Coordinates patients' activities and escorts off-ward trips; assists in activity and recreational therapy.

Participates as member of multi-discipline treatment team; reports observations of patients' behavior to team and facilitates communications between the patient, staff, and family; acts as assistant in group therapy sessions.

Performs tasks of a non-technical nature assisting physicians in administering electric or insulin shock and other treatments.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

General knowledge of human behavior and social problems. Some knowledge of the principles and techniques of treating mental illness and alcoholism.

Ability to establish and maintain effective working relationships with members of multi-discipline team, patients, and community groups and express ideas clearly and concisely and to plan and execute work effectively.

Minimum Education and Experience

Graduation from a community college with an associate degree in mental health.

Testing Method: Written

Salary Grade: 58

---

*Applicants should go to the local mental health or public health unit to see if employment opportunities are available in this class. Jobs are not currently established in all local units. Applications should be submitted to the local employing unit. Persons will then be notified of time, date, and place of exam.

PERSONAL CARE AND FAMILY AIDE I

Description of Work

Employees perform basic nursing and related tasks in providing care and treatment for individuals and families in the home, clinic, and school. Duties are carried out under the guidance and supervision of professional health personnel and work is evaluated constantly for satisfactory completion.

Examples of Duties Performed

Assists in providing personal services such as teaching, feeding and oral hygiene.

Assists in administering physical therapy for patients.

Assists with light housekeeping in relationship to personal and sanitary care of patient.

Assists professional health personnel in school health programs and local clinics.

Prepares reports periodically on patients, work record, and work schedule.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Some knowledge of: the principles, practices, and methods of patient care; common health and safety precautions applicable to work in the home, clinic, or school; and community health agencies and their working relationships.

Ability to: follow oral and written instructions, establish and maintain effective working relationships with others; and develop a demonstrated interest in helping others.

Minimum Education and Experience

Completion of the sixth school grade.

Testing Method: Written

Salary Grade: 49

PERSONAL CARE AND FAMILY AIDE II

Description of Work

Employees perform a variety of basic [illegible] in the care and treatment of individuals and [illegible] clinic, and school. Work includes the teaching and guidance of patients and families in the care of personal health and may involve the orientation and training of new employees. Duties are carried out under the guidance and supervision of professional health personnel.

Examples of Duties Performed

Informs patients and families about available health services.

Assists in demonstrating and teaching sound health practices to individuals and groups.

Assists in the performance of routine laboratory tests.

Carries out assigned preventive, therapeutic and rehabilitative services

Observes patients' and families' health needs and reports these to supervisor.

Performs related work as required.

Recruitment Standards

Knowledges, Skills and Abilities

Working knowledge of: the principles, practices, and methods of patient care and of sanitation and personal hygiene and of basic health and safety precautions applicable to work in the home, clinic, or school.

Ability to: interpret and maintain simple records, work well with others and exercise good judgment in appraising situations and making decisions; and understand, follow, and relate oral and written instructions.

Minimum Education and Experience

Graduation from high school and one year of experience in related work under professional supervision; OR an equivalent combination of training and experience. (Additional experience under professional supervision as a Personal Care and Family Aide I may be substituted for a high school education on a year-for-year basis.)

Testing Method: Written

Salary Grade: 52

RESOCIALIZATION AIDE

Description of Work

Employees serve as clinical assistants to nurses, psychologists, social workers, and other professionals in a local mental health center. They facilitate the patient's return to the community by assisting various counselors and professionals in intake, counseling, release procedures, and resocialization activities. Work is performed under close supervision of professionals at the center and is reviewed through observations of work performed and review of reports.

Examples of Duties Performed

Obtains initial intake information for nurses, psychologists, social workers, and other professionals at clinic.

Explains clinic services, policies, and procedures to patients.

Facilitates patient's return to community through discussions of adjustments, expectations, and anxieties.

Serves as co-therapist with professionals at clinic in individual and group counseling.

Visits geographic unit at regional mental hospital to meet patients about to be released and interprets policies, procedures, and goals of the mental health clinics.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Some knowledge of the varied programs and rehabilitation services offered through local and state mental health agencies.

Ability to: communicate effectively with mental patients and understanding of the basic needs and problems of mentally ill; obtain pertinent data from mental patients and to interpret policies and procedures to patients and their families; and effectively assist mental health professionals in a supportive role.

Minimum Education and Experience

Completion of a two-year community college or technical school curriculum in a human services field; OR graduation from high school and two years of non-professional work with patients in a mental health facility; OR an equivalent combination of education and experience.

Testing Method: Written

Salary Grade: 57

PUBLIC HEALTH EDUCATION CLASSES

IMMUNIZATION EDUCATION AIDE*

Description of Work

An employee in this class works in a local health department as an aide to professional personnel in promoting the infant immunization program. Duties include contact with parents to encourage the immunization of their child and follow-up to determine that immunizations are received.

Examples of Duties Performed

Checks monthly list of births against health department immunization records to ascertain which infants are receiving immunizations.

Contacts parents by telephone when possible to learn which infants are receiving immunizations from private physicians.

Visits parents of infants not receiving immunizations to acquaint them with the need and procedure for immunizations, to urge them to have their child immunized, and to assist in making appointments with a physician or the health department.

Follows up on referrals to determine that infants received recommended immunizations.

Interprets and maintains records regarding the immunization program.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Ability to: interpret educational information regarding immunizations and to disseminate it orally to others; secure the cooperation of parents with regard to the immunization program and to elicit required information; interpret and maintain simple records; and to deal tactfully with the public and to exercise good judgment in appraising situations and making decisions.

Minimum Education and Experience

Two years' experience in a field involving communication of ideas to the public. (Training in an accredited college or nursing school may be substituted for experience on a year-for-year basis.)

Testing Method: Written

Salary Grade: 54

*Applicants should list any community and volunteer work which they have performed on their employment application. Credit may be given for this type of work.

PUBLIC HEALTH EDUCATOR I

Description of Work

Employees assist in planning and implementing a program of community health education designed to assist individuals and groups in recognizing and solving health problems through the proper selection and use of educational methods. Work involves participating in workshops and conferences to define and promote community health needs. Work is performed under close supervision of a higher level public health educator.

Examples of Duties Performed

Collects health and community data to be used in planning public health and public health educational programs.

Assists in the organization of community groups to study community problems.

Assists in planning and participating in workshops, conferences, and discussion groups to promote public health and public health education.

Prepares educational exhibits and visual aids.

Prepares news releases and radio spot announcements on assigned topics.

Prepares and presents talks on health topics and services provided by the health department to civil organizations and other community groups.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

General knowledge of: the functions of community health agencies; methods and techniques used in preparing and disseminating educational information to the public; and the techniques involved in preparing and displaying posters, exhibits and other educational visual aids.

Ability to present ideas effectively both orally and in writing and to establish and maintain effective working relationships with departmental personnel, community organizations, and the general public.

Minimum Education and Experience

Graduation from a four-year college or university with a major in health education; OR graduation from a four-year college or university and completion of one year of on-the-job training as a public health educator.

Minimum Education & Experience for a Trainee Appt. †

Graduation from a four-year college or university.

Testing Method: Rating of training and experience. (For trainee appointment, written.)

Salary Grade: 63 (For trainee appointment, refer to Trainee Salary Schedule.)

PUBLIC HEALTH EDUCATOR II

Description of Work

Employees are responsible for developing, organizing, and carrying out health education programs with and through local health department staffs to meet the needs of a community. Work involves preparing and selecting educational materials to promote specific health problems.

Examples of Duties Performed

Advises and assists other public health personnel in planning and carrying out the educational components of agency programs.

Prepares, selects, assembles, and distributes health educational and informational materials to local agencies, organizations, and other individuals and groups interested in health programs and problems.

Visits schools, community organizations, professional groups, and local health departments to advise on methods of developing interest and participation in public health programs.

Provides advice and direction, upon request, to school teachers and administrators on class projects and curriculum development in health education.

Prepares and disseminates news releases and feature stories to the press, radio, and television.

Assists in planning, developing, and conducting workshops, conferences, and training opportunities for professional and lay groups.

Performs related duties as required.

(Continued on next page)

Recruitment Standards

Knowledges, Skills and Abilities

Considerable knowledge of the principles and practices of public health and public health education activities. General knowledge of: modern educational theory and techniques in the field of public health education; journalistic principles and methods of preparing subject matter in the promotion of public health activities; and of display techniques and skill in the arrangement of exhibits.

Ability to: work effectively with people on all educational levels; maintain effective working relationships with local health departments, community agencies, and the public; write and speak effectively; and stimulate interest and cooperation among various groups in carrying out a program in public health education.

Minimum Education and Experience

A master's degree in public health education or in public health with a major in public health education; OR graduation from a four-year college or university with a major in health education and two years experience in public health education or a related field; OR graduation from a four-year college or university and three years experience in public health education; or an equivalent combination of training and experience.

Testing Method: Rating of training and experience.

Salary Grade: 65

PUBLIC HEALTH EDUCATOR III

Description of Work

Employees supervise lower level health educators and other public health employees at the state and local levels in planning and implementing general or specialized assignments in public health education. Work involves providing consultations on all aspects of health education to state and local health department heads, community organizations, and individuals. Work is performed under administrative supervision and is evaluated through conferences and written reports.

Examples of Duties Performed

Supervises or advises lower line health educators regarding appropriate techniques in health education in accordance with lo[illegible] needs and policies.

Supervises a staff in a program of home and farm accident prevention; investigates the incidence of home and farm accidents and develops central procedures.

Represents the health education section or agency on planning or advisory groups concerned with coordinating various aspects of public health programs.

Plans, organizes, and participates in in-service training programs for public health education personnel and other professional groups as requested.

Advises local health department staffs concerning materials and public relations developments, community organization, in-service training, program planning and evaluation, and other areas of health department staff activity relating to public health education.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Thorough knowledge of the principles and practices of public health and public health education. Considerable knowledge of: modern education theories and techniques; methods and techniques of disseminating health educational information to the public and of the facilities and media available; and of display techniques and skill in the arrangement of exhibits.

Ability to: supervise public health educators and coordinate public health activities of various local and state organizations; organize and direct the activities of local committees for the development of community public health education programs; establish and maintain favorable working relationships with community groups, local health department personnel and the public; explain and apply state laws, rules, and regulations pertaining to public health; and speak effectively before various grou[illegible]

Minimum Education and Experience

A master's degree in public health education or in public health work with a major in public health education and two years experience in public health education; OR an equivalent combination of training and experience.

Testing Method: Rating of training and experience.

Salary Grade: 68

SANITARIAN AIDE

Description of Work

In a local health department assists sanitation personnel in executing designated routine activities in the sanitation program. Work is performed under close technical supervision.

Examples of Duties Performed

Collects specimens of water and milk for laboratory analyses.

Assists sanitarians in inspections of dairies, pasteurization plants, and other places where non-professional help may be utilized; and investigates complaints as directed.

Inspects septic tank installations for compliance with local regulations.

Inspects residential water supplies and advises on methods of protection.

Serves as rabies control officer.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Sufficient mechanical aptitude to enable applicant to deal effectively with people in the building trades.

Ability to: learn public health principles and practices regarding sanitation; calculate volumes and percentages; deal tactfully with the public and to exercise good judgment in appraising situations and making decisions; and carry out oral and written instructions.

Minimum Education and Experience

Education equivalent to graduation from an accredited four-year high school and two years of paid employment in sanitation or closely related field, in providing services and handling complaints of the public, or in positions having to do with mechanical matters. (Successful completion of college training may be substituted for experience on a year-for-year basis.)

Testing Method: Written

Salary Grade: 60

SANITARIAN SPECIALIST

Description of Work

In a local health department develops and carries out activities of a highly specialized nature in one or more specialized phases of the sanitation program, such as food sanitation, air pollution, milk sanitation, or water supply and sewage disposal. The employee serves as technical consultant to the sanitarian supervisors or sanitation director in program planning and provides technical supervision of the work of staff sanitarians as indicated. Work is performed with considerable independent judgment.

Examples of Duties Performed

Operates air pollution and radiation surveillance stations, makes studies and surveys of the extent and sources of atmospheric pollution, and cooperates with other agencies in interpreting the information secured.

Examines and tests complex equipment and systems used by the dairy industry, such as high-temperature, short-time pasteurizors and steam-and-vaccum deodorizers.

Develops and conducts sanitation courses for dairy plant personnel and dairy farmers; and conducts examinations for bulk raw milk haulers licensed to collect milk samples from individual farm bulk milk holding tanks.

Inspects and checks new food service equipment for compliance with NSF standards for design, construction and operation and makes field and laboratory studies and special investigations of foods which may be contaminated by bacteria or toxic substances.

Approves plans for swimming pools and related facilities, inspects water purification equipment, advises on sanitation aspects of pool operation and equipment, and conducts training classes for pool personnel.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Extensive knowledge of general public health principles and practices regarding the specialized phase or phases of sanitation in which employed and basic scientific principles and ability to apply them to the specialized phases of public health sanitation in which employed.

Ability to: interpret and apply federal, state and local public health laws, rules and regulations which are applicable to the field of sanitation; review and study technical literature, evaluate the results of reports of research, and apply this information toward the solution of the problem at hand; counsel, guide, assign and supervise the work of others; present comments clearly and concisely in oral or written form; and deal tactfully with the public and to exercise good judgment in appraising situations and making decisions.

Minimum Education and Experience

Graduation from an accredited four-year college or university with a major in biological or physical science and two years of experience at the level of Public Health Sanitarian II; OR a Master of Science in Public Health in a Sanitary Science Program or an equivalent graduate degree and two years of experience as a Public Health Sanitarian.

Testing Method: Rating of training and experience.

Salary Grade: 66

SOCIAL SERVICES ELIGIBILITY CLASSES

SOCIAL SERVICES ELIGIBILITY SPECIALIST I

Description of Work

Employees are responsible for interviewing applicants to obtain predetermined data, which when verified, forms the basis for determining eligibility for any one of several public assistance programs. After necessary orientation, employees apply knowledges of eligibility forms and procedures in the performance of duties. Work is reviewed and evaluated by an eligibility supervisor for completeness of information obtained, thoroughness of investigations made and adherence to established procedure.

Examples of Duties Performed

Interviews individuals seeking assistance under the provisions of the public assistance, medical assistance and/or direct food distribution and food stamp program.

Obtains predetermined data concerning family, health, and finances; reviews family finances and computes budgets; verifies all information through visits to courthouse, lawyers, ministers, and neighbors.

Assists applicants and recipients in completion of applications for assistance.

Maintains controls of certification data for recipients.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Ability to: learn the forms and procedures of the eligibility program; learn the programs of service offered through the North Carolina Public Welfare Laws and Federal Social Security Act; communicate effectively with applicants and community agencies to obtain pertinent data and interpret rules and regulations; and present information orally or in report form.

Interest in and understanding of the needs, problems, and attitudes of disadvantaged persons.

Minimum Education and Experience

Graduation from high school and three years of clerical or sub-professional experience, preferably involving public contact or community work; OR an equivalent combination of education and experience. (Completed education in a college, university, or business school may be substituted for experience on a year for year basis.)

Testing Method: Written

Salary Grade: 58

SOCIAL SERVICES ELIGIBILITY SPECIALIST II

Description of Work

Employees serve as lead-workers in coordinating the eligibility functions within the unit to see that lower-level specialists render efficient services to the applicants and recipients. Employees are also responsible for the interviewing of applicants to obtain information for determining and verifying eligibility for applicants of various public assistance programs. Work is performed under general supervision in accordance with established policies and procedures as stated in the public assistance manuals and evaluated through review of records and reports and observation by a higher-level eligibility supervisor.

Examples of Duties Performed

Serves as lead-worker by assisting and instructing lower-level specialists in the proper work methods for determining and redetermining eligibility of applicants requesting social services assistance.

Reviews daily reports or requests, made on standard forms, for completeness, adequacy, and accuracy of computation.

Interviews individuals seeking assistance under the provisions of the public assistance, medical assistance and/or direct food distribution and food stamp program.

Obtains predetermined data concerning family, health, and finances; reviews family finances and computes budgets; verifies all information through visits to courthouse, lawyers, ministers, and neighbors.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Thorough knowledge of forms and documents used in determining eligibility. General knowledge of the use of public assistance manual and of the needs, problems, and attitudes of disadvantaged persons.

Ability to: instruct and supervise several lower-level employees performing eligibility duties, and maintain a satisfactory working relationship with applicants and others contacted within the course of work; communicate effectively with applicants and community agencies to obtain pertinent data and interpret rules and regulations; and present information orally or in report form.

Minimum Education and Experience

Graduation from high school and one year of experience involving determining and redetermining eligibility in a social services program.

Testing Method: Written

Salary Grade: 60

SOCIAL SERVICES ELIGIBILITY SUPERVISOR I

Description of Work

Employees are responsible for assigning, supervising, and reviewing the work of a smaller unit of eligibility specialists who are responsible for determining and redetermining the eligibility of individuals requesting social services assistance. Employees may perform eligibility tasks requiring the application of more varied and complex procedures and policies and the more frequent use of independent judgment in solving problems. Work is performed independently in accordance with established policies and procedures and is reviewed and evaluated by the county social services director.

Examples of Duties Performed

Assigns work to eligibility specialists in the department and reviews eligibility forms to assure that all pertinent information is gathered and recorded.

Supervises the daily activities of the eligibility unit and coordinates the work flow of the eligibility unit with other section

NOTE: For social work employment involving eligibility determination, be sure to indicate per cent of time involved in eligibility determination as opposed to other social work duties.

throughout the department; assures that the quality and quantity of work in the unit meet established standards and policies.

Represents the department in conferences with community agencies and officials interpreting the scope and policies of the eligibility program.

Attends departmental meetings to inform and receive information concerning the eligibility program.

Handles unique or problem situations involving individuals seeking assistance under the provisions of the public assistance, medical assistance, and/or direct food distribution and food stamp program.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Thorough knowledge of forms and documents used in determining eligibility. Considerable knowledge of use of public assistance manuals and of needs, problems and attitude of disadvantaged persons.

Ability to: instruct, direct, and supervise lower-level employees performing eligibility duties, and maintain a satisfactory working relationship with applicants, and others contacted within the course of work; communicate effectively with applicants and community agencies to obtain pertinent data and interpret rules and regulations; represent the eligibility staff in departmental meetings and community conferences; and present information orally or in written form.

Minimum Education and Experience

Graduation from high school and two years of experience involving determining and redetermining eligibility in a social services program.

Testing Method: Written

Salary Grade: 62

SOCIAL SERVICES ELIGIBILITY SUPERVISOR II

Description of Work

Employees supervise and coordinate various activities of eligibility personnel involved in providing eligibility services. Employee may also serve as an assistant to a higher-level administrator in directing the eligibility program in a county department with a large eligibility staff. Work includes consultation and conferences with specialists, the director, and other departmental heads regarding policies and procedures and coordination with the other units within the department. Work is performed independently, but reviewed by the county social services director to determine proper procedures and efficiency.

Examples of Duties Performed

Assigns work to eligibility specialists and reviews eligibility forms to assure that all pertinent information is gathered and recorded.

Coordinates the flow of eligibility work both within the unit and other departments.

Assigns work load to lower-level specialists taking into consideration unit work load requirements and individual abilities of employees.

Plans and reorganizes the functions of the eligibility program.

Confers and consults with departmental staff concerning methods and procedures for implementing eligibility services.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Thorough knowledge of forms and documents used in determining eligibility. Considerable knowledge of the use of the public assistance manuals and of needs, problems, and attitude of disadvantaged persons.

Ability to: instruct, direct, and supervise lower-level employees performing eligibility duties, and maintain a satisfactory working relationship with applicants, and others contacted within the course of work; communicate effectively with applicants and community agencies to obtain pertinent data and interpret rules and regulations; represent the eligibility program in department meetings; and present information orally or in written form.

Minimum Education and Experience

Graduation from a four-year college or university, one year of social work or administrative work in social services, and one year in a social services eligibility program; OR graduation from high school and five years of experience in personnel, budgetary, research, or administrative management, and one year supervisory experience in a social services eligibility program.

Testing Method: Written

Salary Grade: 66

SOCIAL SERVICES ELIGIBILITY ANALYST

Description of Work

Work in this class involves special investigation in determining and re-determining eligibility of applicants requesting public, medical, or food assistance through county departments of social services.

Employees are responsible for investigating and gathering facts from public welfare applicants and community sources to determine if proper eligibility determination procedures have been implemented and if fraudulent practices have occurred. Work may be performed in a potentially hazardous or isolated environment which creates an insecure working atmosphere.

Examples of Duties Performed

Investigates questionable eligibility cases by contacting families, merchants, landowners, and community agencies to determine if fraudulent or improper eligibility practices have occurred.

Obtains or verifies data concerning family, health, and financial matters on special cases referred by eligibility specialists or supervisors.

Initiates procedures for prosecutions of fraudulent cases as outlined in the public assistance manuals and in cooperation with the eligibility supervisor and department director.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills, and Abilities

Some knowledge of investigative procedures and techniques. General knowledge of the needs, problems and attitudes of disadvantaged persons and the geography of the county.

Ability to: communicate effectively with applicants and community agencies to obtain pertinent data and to interpret rules and regulations; maintain effective working relationships with other employees and the general public; and present information orally or in report form.

Minimum Education and Experience

Graduation from high school and three years of experience in credit investigation, collections, law enforcement, or related types of investigative or enforcement work; OR an equivalent combination of education and experience.

Testing Method: Written

Salary Grade: 60

SPECIAL EDUCATION CLASSES

TEACHER AIDE

Description of Work

Employees are responsible for performing non-professional teaching activities, tutoring individual students in problem areas, substituting for the teacher, and providing a variety of services as planned by the teacher, thus relieving the supervisors and teachers to devote more time to professional instruction and curriculum planning.

Examples of Duties Performed

Arranges classroom according to curriculum plans of teacher by setting up audio-visual equipment; laying out supplies and materials for students; and assisting in making charts, graphs, and transparencies for classroom use.

Instructs individual students who have problem areas in their subject or who cannot participate with the class in certain activities.

Assists teacher and recreational personnel in carrying out leisure time activities and informal instructional assignments.

Observes behavior of students and discusses with teacher; records teacher's comments and grades in permanent student record.

Maintains the school supply room through distributing materials and keeping the principal or program director aware of adequacy of supplies.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Some knowledge and understanding of the needs, problems, and attitudes of handicapped or disadvantaged persons and of the community environment. General knowledge of: reading, writing, and arithmetic, and the ability to assist teachers in conveying these knowledges to students and children in the program and of child growth and development.

Ability to establish rapport with students or children in the program and to assist teachers in maintaining a learning environment.

Personal traits of warmth, empathy, emotional maturity, and motivation.

Minimum Education and Experience

Completion of the eighth grade and one year of experience in working with young children in a nursery school, kindergarten, public school, or day care facility; experience as described above may be substituted for education on a year-for-year basis, or two additional years of education may be substituted for the required experience.

Testing Method: Random selection.

Salary Grade: 54

SPECIAL TRAINING INSTRUCTOR I

Description of Work

Employees teach elementary hygiene and concepts of social interaction to handicapped persons. They instruct individuals in social skills designed to develop appreciation of their environment and to promote their economic usefulness. Work may also involve instructing in unskilled or semiskilled trade areas.

Examples of Duties Performed

Teaches basic techniques of pre-vocational training in such areas as drapery making, laundry, housekeeping, nurses aide, and janitorial maintenance.

Teaches basic self-care skills such as personal neatness, cleanliness, posture, table manners, and social relationships.

Teaches hand-eye coordination and recognition of objects through the use of pictures, puzzles, beads and games.

Teaches basic social skills such as color discrimination, counting, printing, telling time, and measurements.

Holds individual counseling sessions with students, parents, cottage parents and other interested individuals when necessary.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

General knowledge of the vocational area assigned. Some knowledge of teaching aids and how to use them.

Ability to: understand and patience to work with the limitations of mentally retarded and emotionally disturbed children; organize lesson plans and prepare educational materials; maintain effective working relationships with students, institutional personnel, parents, and the general public; and to communicate effectively in oral and written form.

Minimum Education and Experience

Completion of two years of college; OR graduation from [illegible] school and two years of successful employment in working [illegible] emotionally disturbed and/or mentally retarded children or two years of progressive work experience in the vocational teaching area; OR an equivalent combination of training and experience.

Testing Method: Written

Salary Grade: 57

SPECIAL TRAINING INSTRUCTOR II †

Description of Work

Employees are responsible for providing basic instruction in woodworking, auto mechanics, upholstery, brick masonry, appliance repair. Employees may also be responsible for supervising a unit of lower level instructors. They outline course content, prepare study guides, and conduct formal instructional and training classes designed to lead to potential job placement in a vocational trade.

Examples of Duties Performed

Instructs students in the methods and technical aspects of such skilled trades as carpentry, brick masonry, upholstery, and welding.

Conducts job evaluations to determine if the client has the necessary ability to function in the trade.

Holds individual counseling sessions with students, parents, institutional personnel, and other interested individuals when necessary.

Observes instructional activities and offers suggestions for improvement.

Assists in administrative duties, such as ordering supplies, meeting report deadlines, and coordinating evaluation processes.

Performs related duties as required.

(Continued on next page)

Recruitment Standards

Knowledges, Skills and Abilities

Considerable knowledge of the vocational area assigned. General knowledge of curriculum and design teaching methods. Some knowledge of teaching aids and how to use them and of behavior and characteristics of handicapped persons.

Ability to: plan, supervise, and review the work of lower-level personnel; maintain effective working relationships with students, institutional personnel, parents, and the general public; and to communicate effectively in oral and written form.

Minimum Education and Experience

Graduation from a four-year college or university with a major in the area to be taught; completion of two years of college or technical school training and two years of experience in working with handicapped persons or in the area to be taught; OR graduation from high school and four years of experience in working with handicapped persons; or graduation from high school and three years of experience in the area to be taught; OR an equivalent combination of training and experience.

Testing Method: Written

Salary Grade: 63

SPECIAL EDUCATION TEACHER

Description of Work

Employees study the students' learning and interest level and instruct them in academic or specialized subjects accordingly. They teach these basic academic skills to students whose level of ability may range from the primary level of educable mentally retarded children to emotionally disturbed adults whose education may be advanced with training.

Examples of Duties Performed

Conducts a program of classroom instruction in academic courses, such as math and sciences, language arts, and social studies.

Relates subject of study to the students' daily life and emphasizes the importance of successful relationships with others.

Prepares lesson plans and instructional materials.

Maintains student progress records and reports for supervisor and others.

Renders individual counseling and attends necessary meeting with students, parents, and other employees.

Performs related duties as required.

Recruitment Standards

Knowledges, Skills and Abilities

Considerable knowledge of the principles of instruction as related to mentally retarded and emotionally disturbed students. General knowledge of teaching aids and how to use them.

Physical stamina required to circulate through the classroom and give individual instruction and to maintain an orderly atmosphere in the classroom.

Ability to: organize activities and maintain accurate records; maintain effective working relationships with students, institutional personnel, parents, and the general public; and communicate effectively in oral and written form.

Minimum Education and Experience

Graduation from a four-year college or university and one year of experience in teaching special education classes; OR an equivalent combination of training and experience.

Minimum Education & Experience for a Trainee Appt. †

Graduation from a four-year college or university.

Testing Method: Rating of training and experience. (For trainee appointment, written.)

Salary Grade: 65 (For trainee appointment, refer to Trainee Salary Schedule.)

THE NOW CAREER LADDER

The final section of this chapter presents the "Career Ladder" for human services/ mental health workers which was implemented across the State of North Carolina in July, 1974. A comparison of these job descriptions with those which had been used for many years prior to this "New" Health Care Series shows mainly a difference in Job Titles. Previous documents in this chapter show the birth, life, and death of the Human Services Worker Career Ladder concept in North Carolina over the past decade. This concept was a dream; a theory about how things "might be." For those pioneers who worked so hard and long to make a reality of the Career Ladder concept, the personnel product of July, 1974 has turned the dream into a nightmare. There is little paranoia in that nightmare when one analyzes the original, hard copy materials presented in this, the Final Chapter of this Final Report.

There is nothing "final" about the human services movement in North Carolina. The last day of one era is the first day of a new era; and, people who care keep on dreaming...

HEALTH CARE ASSISTANT I

DESCRIPTION OF WORK

Work in this class involves assisting mentally and physically ill clients with routine, daily living activities in a health facility in the Department of Human Resources.

Employees perform duties involving personal hygiene, client observation and safety, and housekeeping on an assigned shift. Work is closely reviewed and evaluated by a higher level assistant, technician, or nurse through inspection and observation to ensure that the clients' needs are met properly and according to policy.

EXAMPLES OF DUTIES PERFORMED

Bathes, changes, and dresses clients, serves meals, and spoon or bottle feeds clients.

Observes clients for changes in physical and mental condition and reports to higher level assistant.

Assists in providing emergency treatment for seizures and accidents in accordance with established procedures.

Sweeps, mops, scrubs walls, blinds, bathrooms and other facilities as required.

Folds and puts away laundry and linens; may wash and iron clothing.

Escorts clients to various areas within the facility or on facility grounds.

Secures routine (non-clean) lab specimens.

Performs related duties as delegated and required.

RECRUITMENT STANDARDS

Knowledges, Skills, and Abilities

Ability and willingness to provide for the basic need of mentally and physically ill clients.

Ability to maintain a safe, healthy living environment.

Ability to identify and report changes in client condition.

Ability to act quickly and effectively in an emergency.

Ability to read and write and follow simple oral and written instructions.

Minimum Education and Experience

Ability to perform duties to be assigned.

PREPARED BY
OFFICE OF STATE PERSONNEL

Effective: July, 1974

HEALTH CARE ASSISTANT II

DESCRIPTION OF WORK

Work in this class involves assisting mentally and physically ill clients with normal, daily living activities and performing routine health care duties in a health facility of the Department of Human Resources.

Employees are responsible for the clients' personal hygiene, safety routine treatment, training and modification, and for keeping supervisors informed of the condition of clients. Work is performed under the general supervision of a Health Care Technician or nurse and reviewed through reports and observations of the care rendered to the clients.

EXAMPLES OF DUTIES PERFORMED

PERFORMS THE SAME DUTIES AS THE HEALTH CARE ASSISTANT I PLUS:

Maintains written and oral reports such as census reports, incident reports, and adjustment reports.
Takes vital signs.
Assists clients with self-help skills in a non-structured program.
Assists with giving of routine non-controlled medications.
Performs related duties as delegated and required.

RECRUITMENT STANDARDS

Knowledges, Skills, and Abilities

Ability to maintain a safe, healthy living environment for mentally and physically ill clients.
Ability to work with and maintain a therapeutic attitude toward mentally and physically ill clients.
Ability to identify and report changes in clients' conditions.
Ability to keep simple records and write simple reports.
Ability to act quickly and effectively in an emergency and follow oral and written instructions.
Ability to read and write.

Minimum Education and Experience

Ability to read and write to adequately follow oral and written instructions in exact detail in performing non-professional technical and therapeutic patient-care tasks.

PREPARED BY
OFFICE OF STATE PERSONNEL

Effective: July, 1974

HEALTH CARE TECHNICIAN I

DESCRIPTION OF WORK

Work in this class involves performing a variety of technical procedures and therapeutic health care duties for mentally and physically ill clients in a health facility of the Department of Human Resources.

Employees are responsible for coordinating and/or implementing skilled (journeyman) level activities involving the care, treatment, and training of clients on a ward, cottage, medical or surgical floor within a health facility. Responsibilities may include some supervision and training of lower-level employees performing routine health care duties. Work is performed under the supervision of a nurse, doctor, or higher level technician and reviewed through reports and conferences to ensure that the clients' needs are met according to established procedures and regulations.

EXAMPLES OF DUTIES PERFORMED

MAY PERFORM THE SAME DUTIES AS THE HEALTH CARE ASSISTANT I AND II PLUS:

In a psychiatric hospital:

Conducts therapy sessions for clients at the facility and in the community under supervision.

Provides an environment conducive to the treatment of clients.

Takes clients on walks, shopping, camping, swimming and provides other recreational activities for the clients.

Gives and charts oral and I.M. medication.

Takes vital signs, suctions clients, assists with ECT, catheterizes clients, and removes sutures.

Administers oxygen by mask or tent, removes fecal impactions, and performs EKG's.

Checks urinal acetone and sugar, gives enemas and douches, and collects routine laboratory specimens.

Training Area

In medical areas medical procedures described in the psychiatric hospital section.

Non-Medical

Supervises Health Care Assistants in their daily activities.

Arranges physical setting and prepares necessary equipment for clients' use.

Provides various hygiene materials and trains the clients to use them properly.

Administers and charts medications; maintains controlled drugs.

Takes clients on walks, shopping, camping, swimming, and provides other recreational activities for the clients.

May conduct individual and group therapy sessions.

Notes changes in doctors' orders and completes appropriate forms to communicate information to other personnel.

Maintains inventory of supplies and clothing and makes requisitions.

Keeps clients' charts in order and up-to-date.

Discusses clients' condition and progress with parents and relatives.

Performs related duties as delegated and required.

RECRUITMENT STANDARDS

Knowledges, Skills, and Abilities

Some knowledge of the principles and practices of health care and the techniques of practical nursing.

Some knowledge of sanitation, personal hygiene, and common health and safety precautions.

Ability to work with and maintain a therapeutic attitude toward mentally and physically ill clients.

Ability to observe clients and make written and oral reports to physicans, nurses, and supervisors.

Ability to lead or instruct lower-level employees in carrying out their daily tasks.

Minimum Education and Experience

One year of experience as a Health Care Technician Trainee or two years experience in health care work at the level of the Health Care Assistant II; or graduation from an accredited school of practical nursing; or an associate of arts degree in mental health; or an equivalent combination of education and experience.

Minimum Education and Experience for a Trainee Appointment

Ability to read and write to adequately follow oral and written instructions in exact detail in performing non-professional technical and therapeutic patient-care tasks.

PREPARED BY
OFFICE OF STATE PERSONNEL

Effective: July, 1974

HEALTH CARE TECHNICIAN II

DESCRIPTION OF WORK

Work in this class involves limited supervision of lower level employees and/or performing a variety of advanced technical procedures and therapeutic health care activities for mentally and physically ill clients in a health facility of the Department of Human Resources.

Employees serving as lead workers are responsible for on-the-job training, employee performance evaluation and directing subordinates engaged in activities involving the care and treatment of clients in wards, cottages, and medical and surgical floors within a health facility. Employees serving as advanced therapeutic technicians are responsible for medical procedures involving unusual hazards to clients, determining training needs, or carrying out formal therapy programs as directed by a higher level technician or therapist. Employees work fairly independently in compliance with established procedures and regulation under the general supervision of a registered nurse, doctor, or other supervisors.

EXAMPLES OF DUTIES PERFORMED

MAY PERFORM THE SAME DUTIES AS THE HEALTH CARE ASSISTANT II AND THE HEALTH CARE TECHNICIAN I PLUS:

Medical Areas

Maintains I.V. fluids and blood transfusions; draws blood.
Lavages and gavages clients.
Starts and maintains nasal ozygen.

Psychiatric Areas

Coordinates health activities on the wards and supervises and directs other employees in their duties.

Assists in determining treatment plans for some clients (may be responsible for desiging plans for simple cases).

Conducts therapy sessions on an individual or group basis.

Requisitions drugs and supplies.

Administers medication and charts same.

Participates in writing or writes nursing care plans.

Writes progress notes and other reports required.

Provides on-the-job training for new employees.

Training Area

Assists in identifying training needs for clients by evaluating clients' behavior and their ability to perform certain tasks.

Assists in planning a training program for clients.

Participates in formal training programs in self-help skills or social skills for clients.

Makes periodic reports regarding clients' progress and behavior.

Discusses clients' progress with parents and relatives.

RECRUITMENT STANDARDS

Knowledges, Skills and Abilities

Considerable knowledge of the principles and practices of health care and the techniques of practical nursing.

Considerable knowledge of sanitation, personal hygiene, and common health and safety precautions.

Ability to identify the physical and emotional needs of clients and make written and oral reports to physicians, nurses, and supervisors.

Ability to supervise, train, and evaluate personnel in carrying out health care duties for clients.

Ability to follow oral and written instructions in exact detail in administering medications and treatment.

Minimum Education and Experience

Two years experience in health care work at the level of the Health Care Technician I; or an equivalent combination of education and experience.

PREPARED BY
OFFICE OF STATE PERSONNEL

Effective: July, 1974

HEALTH CARE TECHNICIAN III

DESCRIPTION OF WORK

Work in this class involves performing a variety of complex technical procedures and therapeutic health care duties for mentally and physically ill clients in a health facility of the Department of Human Resources.

Employees are responsible for developing, coordinating, and participating in clinical activities, formal group or individual therapy, client training programs, or formal in-service education programs on a unit or a specialized area within a facility. Employees may serve as supervisor of a group of lower-level employees and may have responsibility for some administrative functions. Work is performed independently under the general supervision of physician, registered nurse, or other supervisors and reviewed through observation, reports, and conferences to ensure that the clients' needs are met according to established procedures and regulations.

EXAMPLES OF DUTIES PERFORMED

MAY PERFORM THE SAME DUTIES OF LOWER-LEVEL POSITIONS PLUS:

In a Psychiatric Hospital

Medical Area

May coordinate the clinical functions on the unit.

Starts I.V. fluids and blood transfusions.

Sets up, operates, and interprets cardiac monitor and operates defibrillator; performs closed heart massage in emergency.

Non-Medical Area

Serves as co-therapist in a formal therapy program or may be involved in individual therapy.

Visits local mental health facilities, boarding homes to provide direct client care or to assist in planning and implementing programs at the local facility.

Plans or organizes, under professional supervision, therapeutic and in-service education programs for a unit or specialized area.

Conducts formal in-service classes at the unit level; may assist or conduct formal in-service training programs at a health facility.

Training Area

Plans and evaluates individualized training programs for clients; responsible for implementing defined aspects of these programs.

Trains lower-level employees in training techniques and follows up on training programs to see that the techniques are carried out.

Serves on a multi-discipline team and presents training needs of clients, and discusses progress and problems concerning the program.

Assists in-service education instructors and conducts class lectures for lower-level employees on training programs.

Works with parents to communicate training program and assists parents with learning techniques or training methods used in the facility so that they may be continued after the client leaves the facility.

RECRUITMENT STANDARDS

Knowledges, Skills, and Abilities

Considerable knowledge of the principles and practices of health care and the techniques of practical nursing.

Considerable knowledge of sanitation, personal hygiene, and common health and safety precautions.

Considerable knowledge and skill in giving medications and basic therapeutic treatment.

Some knowledge of the principles of supportive therapy and behavior modification.

Ability to work with and maintain a therapeutic attitude toward mentally and physically ill clients.

Ability to identify the physical and emotional needs of clients and follow through with proper procedures.

Ability to supervise, train, and evaluate personnel in carrying out health care duties for clients.

Ability to make reports both in oral and written form.

Minimum Education and Experience

Three years experience in health care work at the level of a Health Technician I; or an equivalent combination of education and experience.

PREPARED BY
OFFICE OF STATE PERSONNEL

Effective: July, 1974

UNIVERSITY OF CALIF.
LOS ANGELES

NOV 12 1976

CLEARINGHOUSE FOR
JUNIOR COLLEGES